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| a needed, attach ore information, a name name debtor e last 8 years y assumed de names and                                                             | or the: OIS On for Non-Individua                                                                                   | of any additional pages                                                                                                                                            | , write the debtor's name and the case number (if                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| STRICT OF ILLIN  known)  Orm 201  ry Petitic s needed, attach ore information, a  name  name  name  names debtor e last 8 years y assumed de names and | on for Non-Individua<br>a separate sheet to this form. On the top<br>separate document, <i>Instructions for Ba</i> | Is Filing for                                                                                                                                                      | amended filing  Bankruptcy 06/22 , write the debtor's name and the case number (if                                                                                                                    |
| orm 201 ry Petitic s needed, attach ore information, a                                                                                                 | On for Non-Individua<br>a separate sheet to this form. On the top<br>separate document, <i>Instructions for Ba</i> | Is Filing for                                                                                                                                                      | amended filing  Bankruptcy 06/22 , write the debtor's name and the case number (if                                                                                                                    |
| orm 201  ry Petitic s needed, attach ore information, a name name names debtor e last 8 years y assumed de names and                                   | a separate sheet to this form. On the top<br>separate document, <i>Instructions for Ba</i>                         | Is Filing for                                                                                                                                                      | amended filing  Bankruptcy 06/22 , write the debtor's name and the case number (if                                                                                                                    |
| needed, attach ore information, a name names debtor le last 8 years y assumed de names and                                                             | a separate sheet to this form. On the top<br>separate document, <i>Instructions for Ba</i>                         | of any additional pages                                                                                                                                            | amended filing  Bankruptcy 06/22 , write the debtor's name and the case number (if                                                                                                                    |
| needed, attach ore information, a name names debtor le last 8 years y assumed de names and                                                             | a separate sheet to this form. On the top<br>separate document, <i>Instructions for Ba</i>                         | of any additional pages                                                                                                                                            | , write the debtor's name and the case number (if                                                                                                                                                     |
| names debtor<br>e last 8 years<br>y assumed<br>de names and                                                                                            | ABAT Builders, Inc.                                                                                                |                                                                                                                                                                    |                                                                                                                                                                                                       |
| e last 8 years<br>y assumed<br>de names and                                                                                                            |                                                                                                                    |                                                                                                                                                                    |                                                                                                                                                                                                       |
| de names and                                                                                                                                           |                                                                                                                    |                                                                                                                                                                    |                                                                                                                                                                                                       |
| ness as names                                                                                                                                          |                                                                                                                    |                                                                                                                                                                    |                                                                                                                                                                                                       |
| Identification                                                                                                                                         | 36-3482312                                                                                                         |                                                                                                                                                                    |                                                                                                                                                                                                       |
| ddress                                                                                                                                                 | Principal place of business                                                                                        |                                                                                                                                                                    | ing address, if different from principal place of ness                                                                                                                                                |
|                                                                                                                                                        | 10700 W Higgins Road<br>Suite 350<br>Des Plaines, IL 60018-3723                                                    |                                                                                                                                                                    |                                                                                                                                                                                                       |
|                                                                                                                                                        | Number, Street, City, State & ZIP Code                                                                             | P.O.                                                                                                                                                               | Box, Number, Street, City, State & ZIP Code                                                                                                                                                           |
|                                                                                                                                                        | Cook<br>County                                                                                                     |                                                                                                                                                                    | ation of principal assets, if different from principal e of business                                                                                                                                  |
|                                                                                                                                                        |                                                                                                                    | Num                                                                                                                                                                | ber, Street, City, State & ZIP Code                                                                                                                                                                   |
|                                                                                                                                                        | ederal Identification EIN) address                                                                                 | Identification EIN)  address  Principal place of business  10700 W Higgins Road Suite 350 Des Plaines, IL 60018-3723  Number, Street, City, State & ZIP Code  Cook | Identification SelN)  address Principal place of business Mail business 10700 W Higgins Road Suite 350 Des Plaines, IL 60018-3723 Number, Street, City, State & ZIP Code P.O.  Cook County Loca place |

■ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Type of debtor

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Debtor ABAT Builders, Inc.

|    | Name                                                                                                                                                                                                                                                |                                                                                                      |                                                                                |                                                                                                                              |             |  |  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------|--|--|
|    |                                                                                                                                                                                                                                                     |                                                                                                      |                                                                                |                                                                                                                              |             |  |  |
| 7. | Describe debtor's business                                                                                                                                                                                                                          |                                                                                                      |                                                                                |                                                                                                                              |             |  |  |
|    |                                                                                                                                                                                                                                                     | Health Care Business (as defined in 11 U.S.C. § 101(27A))                                            |                                                                                |                                                                                                                              |             |  |  |
|    |                                                                                                                                                                                                                                                     | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))                                      |                                                                                |                                                                                                                              |             |  |  |
|    |                                                                                                                                                                                                                                                     | _ `                                                                                                  | d in 11 U.S.C. § 101(44))                                                      |                                                                                                                              |             |  |  |
|    |                                                                                                                                                                                                                                                     | Stockbroker (as defined in 11 U.S.C. § 101(53A))                                                     |                                                                                |                                                                                                                              |             |  |  |
|    |                                                                                                                                                                                                                                                     | _                                                                                                    | (as defined in 11 U.S.C. § 101(6))                                             |                                                                                                                              |             |  |  |
|    |                                                                                                                                                                                                                                                     | ☐ Clearing Bank (as o                                                                                | defined in 11 U.S.C. § 781(3))                                                 |                                                                                                                              |             |  |  |
|    |                                                                                                                                                                                                                                                     | ■ None of the above                                                                                  |                                                                                |                                                                                                                              |             |  |  |
|    |                                                                                                                                                                                                                                                     | B. Check all that apply                                                                              |                                                                                |                                                                                                                              |             |  |  |
|    |                                                                                                                                                                                                                                                     | ☐ Tax-exempt entity (as described in 26 U.S.C. §501)                                                 |                                                                                |                                                                                                                              |             |  |  |
|    |                                                                                                                                                                                                                                                     | ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80 |                                                                                |                                                                                                                              |             |  |  |
|    |                                                                                                                                                                                                                                                     |                                                                                                      | (as defined in 15 U.S.C. §80b-2(a)(1                                           |                                                                                                                              |             |  |  |
|    |                                                                                                                                                                                                                                                     |                                                                                                      | (as asimisa iii 10 0.0.0. 3000 <u>-</u> (a)(                                   | -,,                                                                                                                          |             |  |  |
|    |                                                                                                                                                                                                                                                     |                                                                                                      | ican Industry Classification System)<br>gov/four-digit-national-association-na | 4-digit code that best describes debtor. See                                                                                 |             |  |  |
|    |                                                                                                                                                                                                                                                     | nttp://www.uscourts.                                                                                 | gov/lour-digit-flational-association-fla                                       | iics-codes.                                                                                                                  |             |  |  |
|    |                                                                                                                                                                                                                                                     |                                                                                                      |                                                                                |                                                                                                                              |             |  |  |
| 8. | Under which chapter of the                                                                                                                                                                                                                          | Check one:                                                                                           |                                                                                |                                                                                                                              |             |  |  |
|    | Bankruptcy Code is the debtor filing?                                                                                                                                                                                                               | Chapter 7                                                                                            |                                                                                |                                                                                                                              |             |  |  |
|    | A debtor who is a "small                                                                                                                                                                                                                            | ☐ Chapter 9                                                                                          |                                                                                |                                                                                                                              |             |  |  |
|    | business debtor" must check<br>the first sub-box. A debtor as<br>defined in § 1182(1) who<br>elects to proceed under<br>subchapter V of chapter 11<br>(whether or not the debtor is a<br>"small business debtor") must<br>check the second sub-box. | ☐ Chapter 11. Check                                                                                  | all that apply:                                                                |                                                                                                                              |             |  |  |
|    |                                                                                                                                                                                                                                                     |                                                                                                      |                                                                                | otor as defined in 11 U.S.C. § 101(51D), and its aggre                                                                       |             |  |  |
|    |                                                                                                                                                                                                                                                     |                                                                                                      |                                                                                | cluding debts owed to insiders or affiliates) are less the cted, attach the most recent balance sheet, statement             |             |  |  |
|    |                                                                                                                                                                                                                                                     |                                                                                                      | operations, cash-flow statement, a                                             | and federal income tax return or if any of these docum                                                                       |             |  |  |
|    |                                                                                                                                                                                                                                                     |                                                                                                      | exist, follow the procedure in 11 U                                            | - ,,,,,                                                                                                                      | ood data d  |  |  |
|    |                                                                                                                                                                                                                                                     |                                                                                                      |                                                                                | in 11 U.S.C. § 1182(1), its aggregate noncontingent lic<br>siders or affiliates) are less than \$7,500,000, <b>and it ch</b> |             |  |  |
|    |                                                                                                                                                                                                                                                     |                                                                                                      | proceed under Subchapter V of                                                  | Chapter 11. If this sub-box is selected, attach the mo                                                                       | ost recent  |  |  |
|    |                                                                                                                                                                                                                                                     |                                                                                                      |                                                                                | tions, cash-flow statement, and federal income tax refist, follow the procedure in 11 U.S.C. § 1116(1)(B).                   | turn, or if |  |  |
|    |                                                                                                                                                                                                                                                     |                                                                                                      | A plan is being filed with this petiti                                         | on.                                                                                                                          |             |  |  |
|    |                                                                                                                                                                                                                                                     |                                                                                                      | Acceptances of the plan were soli                                              | cited prepetition from one or more classes of creditors                                                                      | s, in       |  |  |
|    |                                                                                                                                                                                                                                                     |                                                                                                      | accordance with 11 U.S.C. § 1126                                               | (b).                                                                                                                         |             |  |  |
|    |                                                                                                                                                                                                                                                     |                                                                                                      |                                                                                | dic reports (for example, 10K and 10Q) with the Secur<br>to § 13 or 15(d) of the Securities Exchange Act of 193              |             |  |  |
|    |                                                                                                                                                                                                                                                     |                                                                                                      | Attachment to Voluntary Petition f                                             | or Non-Individuals Filing for Bankruptcy under Chapte                                                                        |             |  |  |
|    |                                                                                                                                                                                                                                                     | _                                                                                                    | (Official Form 201A) with this form                                            |                                                                                                                              |             |  |  |
|    |                                                                                                                                                                                                                                                     | _                                                                                                    | The debtor is a shell company as                                               | defined in the Securities Exchange Act of 1934 Rule 1                                                                        | 12b-2.      |  |  |
|    |                                                                                                                                                                                                                                                     | ☐ Chapter 12                                                                                         |                                                                                |                                                                                                                              |             |  |  |
| 9. | Were prior bankruptcy                                                                                                                                                                                                                               | ■ No.                                                                                                |                                                                                |                                                                                                                              |             |  |  |
|    | cases filed by or against the debtor within the last 8                                                                                                                                                                                              | ☐ Yes.                                                                                               |                                                                                |                                                                                                                              |             |  |  |
|    | years?                                                                                                                                                                                                                                              |                                                                                                      |                                                                                |                                                                                                                              |             |  |  |
|    | If more than 2 cases, attach a separate list.                                                                                                                                                                                                       | District                                                                                             | When                                                                           | Case number                                                                                                                  |             |  |  |
|    | ,                                                                                                                                                                                                                                                   | District                                                                                             | When                                                                           | Case number                                                                                                                  |             |  |  |
|    |                                                                                                                                                                                                                                                     |                                                                                                      |                                                                                |                                                                                                                              |             |  |  |

Page 3 of 60 Document Debtor Case number (if known) ABAT Builders, Inc. 10. Are any bankruptcy cases ■ No pending or being filed by a ☐ Yes. business partner or an affiliate of the debtor? List all cases. If more than 1. Debtor Relationship attach a separate list District Case number, if known 11. Why is the case filed in Check all that apply: this district? Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district. A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district. Does the debtor own or ■ No have possession of any Answer below for each property that needs immediate attention. Attach additional sheets if needed. real property or personal ☐ Yes. property that needs immediate attention? Why does the property need immediate attention? (Check all that apply.) ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. What is the hazard? ☐ It needs to be physically secured or protected from the weather. ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options). ☐ Other Where is the property? Number, Street, City, State & ZIP Code Is the property insured? ☐ No Insurance agency ☐ Yes. Contact name Phone Statistical and administrative information 13. Debtor's estimation of Check one: available funds Funds will be available for distribution to unsecured creditors. ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors. 14. Estimated number of 1-49 **1** 25,001-50,000 **1**,000-5,000 creditors **50-99 5001-10,000 5**0,001-100,000 **1**0,001-25,000 ☐ More than 100,000 100-199 □ 200-999 15. Estimated Assets **□** \$0 - \$50,000 ■ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion □ \$50,001 - \$100,000 □ \$1,000,000,001 - \$10 billion □ \$10,000,001 - \$50 million □ \$100,001 - \$500,000 □ \$10,000,000,001 - \$50 billion □ \$50,000,001 - \$100 million □ \$500,001 - \$1 million ☐ More than \$50 billion □ \$100,000,001 - \$500 million 16. Estimated liabilities **□** \$0 - \$50,000 □ \$500,000,001 - \$1 billion ■ \$1,000,001 - \$10 million

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Desc Main

Doc 1 Filed 09/28/23 Entered 09/28/23 14:55:08 Desc Main Case 23-12934 Document Page 4 of 60 Case number (if known) Debtor ABAT Builders, Inc. □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$100,001 - \$500,000 □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$500,001 - \$1 million □ \$100,000,001 - \$500 million ☐ More than \$50 billion

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| Debtor | ABAT | Builders. | Inc |
|--------|------|-----------|-----|
|        |      |           |     |

Name

Case number (if known)

|--|

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 24, 2023

MM / DD / YYYY

| X | X /s/ Anthony Czupryna |                                             | Anthony Czupryna |  |
|---|------------------------|---------------------------------------------|------------------|--|
|   | Signa                  | ture of authorized representative of debtor | Printed name     |  |
|   | Title                  | President                                   |                  |  |

#### 18. Signature of attorney

| /s/ David Freydin                      |               | Date September 24, 2023      |  |
|----------------------------------------|---------------|------------------------------|--|
| Signature of attorney for debtor       |               | MM / DD / YYYY               |  |
| David Freydin                          |               |                              |  |
| Printed name                           |               |                              |  |
| Law Offices of David Freydin           |               |                              |  |
| Firm name                              |               |                              |  |
| 8707 Skokie Blvd                       |               |                              |  |
| Suite 305                              |               |                              |  |
| Skokie, IL 60077                       |               |                              |  |
| Number, Street, City, State & ZIP Code |               |                              |  |
| Contact phone <b>888-536-6607</b>      | Email address | david.freydin@freydinlaw.com |  |

#### 6286192 IL

Bar number and State

| Fill in this info                                                | rmation to identify the                                                                            | case:                                                                      |                                                                                                                                          |                                                                                       |                                                                                      |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Debtor name                                                      | ABAT Builders, Inc                                                                                 | <b>;.</b>                                                                  |                                                                                                                                          |                                                                                       |                                                                                      |
| United States E                                                  | Bankruptcy Court for the                                                                           | NORTHERN D                                                                 | ISTRICT OF ILLINOIS                                                                                                                      |                                                                                       |                                                                                      |
| Case number (                                                    | if known)                                                                                          |                                                                            |                                                                                                                                          |                                                                                       |                                                                                      |
| ,                                                                | ,                                                                                                  |                                                                            | _                                                                                                                                        |                                                                                       | ☐ Check if this is an                                                                |
|                                                                  |                                                                                                    |                                                                            |                                                                                                                                          |                                                                                       | amended filing                                                                       |
| Official Fo                                                      | m 202                                                                                              |                                                                            |                                                                                                                                          |                                                                                       |                                                                                      |
|                                                                  |                                                                                                    | Donalty                                                                    | of Dorium, for No.                                                                                                                       | n Individual                                                                          | Dobtoro                                                                              |
| Declara                                                          | tion Under                                                                                         | Penalty                                                                    | of Perjury for No                                                                                                                        | n-individuai                                                                          | Deptors 12/15                                                                        |
| form for the sc<br>amendments o<br>and the date. I<br>WARNING Ba | hedules of assets and<br>f those documents. Th<br>Bankruptcy Rules 1008<br>ankruptcy fraud is a se | liabilities, any otl<br>is form must stat<br>and 9011.<br>rious crime. Mak | on-individual debtor, such as a coner document that requires a decle the individual's position or relating a false statement, concealing | aration that is not includ-<br>tionship to the debtor, th<br>property, or obtaining m | ed in the document, and any e identity of the document, oney or property by fraud in |
| connection wit<br>1519, and 3571                                 |                                                                                                    | an result in tines                                                         | up to \$500,000 or imprisonment fo                                                                                                       | or up to 20 years, or both                                                            | . 18 U.S.C. §§ 152, 1341,                                                            |
|                                                                  |                                                                                                    |                                                                            |                                                                                                                                          |                                                                                       |                                                                                      |
|                                                                  |                                                                                                    |                                                                            |                                                                                                                                          |                                                                                       |                                                                                      |
| De                                                               | eclaration and signatur                                                                            | e                                                                          |                                                                                                                                          |                                                                                       |                                                                                      |
|                                                                  | president, another office<br>serving as a representa                                               |                                                                            | agent of the corporation; a member n this case.                                                                                          | or an authorized agent of t                                                           | the partnership; or another                                                          |
| I have ex                                                        | amined the information i                                                                           | n the documents c                                                          | hecked below and I have a reasona                                                                                                        | ble belief that the informati                                                         | on is true and correct:                                                              |
| <b>=</b> 3                                                       | Schedule A/B: Assets–R                                                                             | eal and Personal F                                                         | Property (Official Form 206A/B)                                                                                                          |                                                                                       |                                                                                      |
| _<br>■ 3                                                         | Schedule D: Creditors W                                                                            | ho Have Claims S                                                           | ecured by Property (Official Form 20                                                                                                     | 06D)                                                                                  |                                                                                      |
| <b>=</b> 3                                                       | Schedule E/F: Creditors                                                                            | Who Have Unsecเ                                                            | red Claims (Official Form 206E/F)                                                                                                        |                                                                                       |                                                                                      |
| <b>=</b> 3                                                       | Schedule G: Executory (                                                                            | Contracts and Une                                                          | xpired Leases (Official Form 206G)                                                                                                       |                                                                                       |                                                                                      |
| <b>=</b> 3                                                       | Schedule H: Codebtors (                                                                            | Official Form 206H                                                         | i)                                                                                                                                       |                                                                                       |                                                                                      |
| _<br>                                                            | Summary of Assets and                                                                              | Liabilities for Non-                                                       | Individuals (Official Form 206Sum)                                                                                                       |                                                                                       |                                                                                      |
| <del>-</del>                                                     | Amended Schedule                                                                                   |                                                                            |                                                                                                                                          |                                                                                       |                                                                                      |
|                                                                  | Chapter 11 or Chapter 9                                                                            | Cases: List of Cre                                                         | ditors Who Have the 20 Largest Uns                                                                                                       | secured Claims and Are No                                                             | ot Insiders (Official Form 204)                                                      |
|                                                                  | Other document that req                                                                            | uires a declaration                                                        |                                                                                                                                          |                                                                                       | ,                                                                                    |
| I declare                                                        | under penalty of perjury                                                                           | that the foregoing                                                         | is true and correct.                                                                                                                     |                                                                                       |                                                                                      |
| Executed                                                         | d on September 24                                                                                  |                                                                            | /s/ Anthony Czupryna                                                                                                                     |                                                                                       |                                                                                      |
|                                                                  |                                                                                                    |                                                                            | Signature of individual signing on be                                                                                                    | ehalf of debtor                                                                       |                                                                                      |
|                                                                  |                                                                                                    |                                                                            | Anthony Czupryna                                                                                                                         |                                                                                       |                                                                                      |
|                                                                  |                                                                                                    |                                                                            | Printed name                                                                                                                             |                                                                                       |                                                                                      |

President

Position or relationship to debtor

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|----------------------------------------------------------------------------|--------------------------------------|
| Fill in this information to identify the case:                             |                                      |
| Debtor name ABAT Builders, Inc.                                            |                                      |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS      |                                      |
| Case number (if known)                                                     | ☐ Check if this is an amended filing |
| Official Form 206Sum Summary of Assets and Liabilities for Non-Individuals | 12/15                                |

| Su  | mmary of Assets and Liabilities for Non-Individuals                                                                                                                        |      | 12/15        |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------|
| Par | 1: Summary of Assets                                                                                                                                                       |      |              |
| 1.  | Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)                                                                                                     |      |              |
|     | 1a. Real property: Copy line 88 from Schedule A/B                                                                                                                          | \$_  | 0.00         |
|     | 1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i>                                                                                                 | \$_  | 3,310,444.98 |
|     | 1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i>                                                                                                    | \$_  | 3,310,444.98 |
| Par | t 2: Summary of Liabilities                                                                                                                                                |      |              |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D | \$_  | 117,000.00   |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)                                                                                                   |      |              |
|     | 3a. Total claim amounts of priority unsecured claims:  Copy the total claims from Part 1 from line 5a of Schedule E/F                                                      | \$   | 117,937.31   |
|     | <b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>        | +\$_ | 4,165,007.08 |
| 4.  | Total liabilities                                                                                                                                                          | \$   | 4,399,944.39 |

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|                                                 | Docum                                                                                                                                                                                                                                                                                                                                                                                                             | nent Page 8 of 60                                                                                                                                                              |                                                                                                                              |                                                                              |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Fill in                                         | this information to identify the case:                                                                                                                                                                                                                                                                                                                                                                            | V                                                                                                                                                                              |                                                                                                                              |                                                                              |
| Debto                                           | name ABAT Builders, Inc.                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                |                                                                                                                              |                                                                              |
| United                                          | States Bankruptcy Court for the: NORTHERN DISTRICT                                                                                                                                                                                                                                                                                                                                                                | Γ OF ILLINOIS                                                                                                                                                                  |                                                                                                                              |                                                                              |
|                                                 | number (if known)                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                |                                                                                                                              |                                                                              |
| Case                                            | Turnoer (ii kilowii)                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                |                                                                                                                              | Check if this is an amended filing                                           |
|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                |                                                                                                                              |                                                                              |
| Offi                                            | cial Form 206A/B                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                |                                                                                                                              |                                                                              |
| Sch                                             | nedule A/B: Assets - Real an                                                                                                                                                                                                                                                                                                                                                                                      | d Personal Pro                                                                                                                                                                 | oertv                                                                                                                        | 12/15                                                                        |
| nclude<br>which<br>or une:<br>3e as d<br>he del | se all property, real and personal, which the debtor own all property in which the debtor holds rights and power have no book value, such as fully depreciated assets of expired leases. Also list them on Schedule G: Executory complete and accurate as possible. If more space is need tor's name and case number (if known). Also identify the nall sheet is attached, include the amounts from the attached. | ers exercisable for the debtor's<br>r assets that were not capitalize<br>r Contracts and Unexpired Leas<br>eded, attach a separate sheet to<br>the form and line number to whi | own benefit. Also included. In Schedule A/B, list a es (Official Form 206G). this form. At the top of the additional inform. | e assets and properties<br>any executory contracts<br>any pages added, write |
| For Pa                                          | art 1 through Part 11, list each asset under the appropri<br>ule or depreciation schedule, that gives the details for o<br>'s interest, do not deduct the value of secured claims.                                                                                                                                                                                                                                | ate category or attach separate each asset in a particular categ                                                                                                               | supporting schedules, s<br>ory. List each asset only                                                                         | once. In valuing the                                                         |
| . Does                                          | s the debtor have any cash or cash equivalents?                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                |                                                                                                                              |                                                                              |
|                                                 | No. Go to Part 2.                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                |                                                                                                                              |                                                                              |
|                                                 | eas Fill in the information below.  cash or cash equivalents owned or controlled by the de                                                                                                                                                                                                                                                                                                                        | ebtor                                                                                                                                                                          |                                                                                                                              | Current value of debtor's interest                                           |
| 3.                                              | Checking, savings, money market, or financial broke<br>Name of institution (bank or brokerage firm)                                                                                                                                                                                                                                                                                                               | rage accounts (Identify all) Type of account                                                                                                                                   | Last 4 digits of account number                                                                                              |                                                                              |
|                                                 | 3.1. Fifth Third Bank, negative balance                                                                                                                                                                                                                                                                                                                                                                           | Checking                                                                                                                                                                       | 3149                                                                                                                         | \$0.00                                                                       |
|                                                 | 3.2. Fifth Third Bank Money Market account                                                                                                                                                                                                                                                                                                                                                                        | Checking                                                                                                                                                                       |                                                                                                                              | \$500.00                                                                     |
| 4.                                              | Other cash equivalents (Identify all)                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                |                                                                                                                              |                                                                              |
| 5.                                              | Total of Part 1.                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                |                                                                                                                              | \$500.00                                                                     |
|                                                 | Add lines 2 through 4 (including amounts on any addition                                                                                                                                                                                                                                                                                                                                                          | nal sheets). Copy the total to line 8                                                                                                                                          | 30.                                                                                                                          | _                                                                            |
| Part 2:                                         |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                |                                                                                                                              |                                                                              |
| S. Does                                         | s the debtor have any deposits or prepayments?                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                |                                                                                                                              |                                                                              |
| _                                               | No. Go to Part 3.                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                |                                                                                                                              |                                                                              |
|                                                 | es Fill in the information below.                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                |                                                                                                                              |                                                                              |
| 7.                                              | <b>Deposits, including security deposits and utility depo</b> Description, including name of holder of deposit                                                                                                                                                                                                                                                                                                    | osits                                                                                                                                                                          |                                                                                                                              |                                                                              |

7.1. Pre-payment for accounting software

\$2,665.25

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☐ No. Go to Part 8.

Yes Fill in the information below.

Valuation method used **Current value of General description** Net book value of debtor's interest for current value debtor's interest (Where available)

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| Debtor   | ABAT Builders, Inc.                                                                                                                                                                                                                  | Case                                                        | number (If known)                       |                                    |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------|------------------------------------|
|          | Name                                                                                                                                                                                                                                 |                                                             |                                         |                                    |
| 39.      | Office furniture                                                                                                                                                                                                                     |                                                             |                                         |                                    |
|          | Office furniture                                                                                                                                                                                                                     | \$0.00                                                      |                                         | \$10,000.00                        |
|          |                                                                                                                                                                                                                                      |                                                             |                                         |                                    |
| 40.      | Office fixtures                                                                                                                                                                                                                      |                                                             |                                         |                                    |
| 41.      | Office equipment, including all computer equipment ar                                                                                                                                                                                | nd                                                          |                                         |                                    |
|          | communication systems equipment and software                                                                                                                                                                                         |                                                             |                                         | <b>\$2,000.00</b>                  |
|          | Computers, printers                                                                                                                                                                                                                  | \$0.00                                                      |                                         | \$3,000.00                         |
| 42.      | <b>Collectibles</b> <i>Examples</i> : Antiques and figurines; paintings, books, pictures, or other art objects; china and crystal; stan collections; other collections, memorabilia, or collectibles                                 |                                                             |                                         |                                    |
| 43.      | Total of Part 7.                                                                                                                                                                                                                     |                                                             |                                         | \$13,000.00                        |
|          | Add lines 39 through 42. Copy the total to line 86.                                                                                                                                                                                  |                                                             | _                                       | Ψ.ο,σοσιοσ                         |
| 44.      | Is a depreciation schedule available for any of the prop                                                                                                                                                                             | erty listed in Part 7?                                      |                                         |                                    |
|          | □ Yes                                                                                                                                                                                                                                |                                                             |                                         |                                    |
| 45.      | Has any of the property listed in Part 7 been appraised                                                                                                                                                                              | by a preferational within                                   | the last year?                          |                                    |
| 43.      | No                                                                                                                                                                                                                                   | by a professional within                                    | the last year?                          |                                    |
|          | □ Yes                                                                                                                                                                                                                                |                                                             |                                         |                                    |
|          | <u> </u>                                                                                                                                                                                                                             |                                                             |                                         |                                    |
| Part 8:  | Machinery, equipment, and vehicles<br>s the debtor own or lease any machinery, equipment, or                                                                                                                                         | vehicles?                                                   |                                         |                                    |
| 40. Does | s the debtor own or lease any machinery, equipment, or                                                                                                                                                                               | venicles?                                                   |                                         |                                    |
|          | o. Go to Part 9.                                                                                                                                                                                                                     |                                                             |                                         |                                    |
| ■ Ye     | es Fill in the information below.                                                                                                                                                                                                    |                                                             |                                         |                                    |
|          | General description<br>Include year, make, model, and identification numbers<br>(i.e., VIN, HIN, or N-number)                                                                                                                        | Net book value of<br>debtor's interest<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
| 47.      | Automobiles, vans, trucks, motorcycles, trailers, and ti                                                                                                                                                                             | tled farm vehicles                                          |                                         |                                    |
|          | 47.1. 1999 Dodge Avenger; VIN: 4T6UB1620XM010658 2000 Dodge Avenger; VIN: 4T6UB1625YM011354 2000 Dodge Dakota; VIN: 1B7GG26X8YS530632 2000 US cargo trailer; VIN: 4PL400C16Y1046104 2001 Morning sun trailer; VIN: 5BKUF2026ZT407537 |                                                             |                                         |                                    |
|          | 2002 Dodge Ram; VIN:<br>3B7MF336X2M304762                                                                                                                                                                                            | \$0.00                                                      |                                         | \$25,000.00                        |
|          |                                                                                                                                                                                                                                      |                                                             |                                         | ·                                  |
|          | 47.2. 2023 Buick Envision; VIN:<br>LRBFZSR45PD065350                                                                                                                                                                                 | \$0.00                                                      |                                         | \$42,000.00                        |
|          |                                                                                                                                                                                                                                      |                                                             |                                         |                                    |
|          | 47.3. <b>2022</b> Ford F-250; VIN:                                                                                                                                                                                                   | \$0.00                                                      |                                         | \$70,000.00                        |
|          | 1FT8W2BT0NED58097                                                                                                                                                                                                                    | Ψυ.υυ                                                       | -                                       | φιυ,υυυ.υυ                         |

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| Debtor           | ABAT Builders, Inc.                                                                                                                          | Case number (If known)          |              |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------|
|                  |                                                                                                                                              |                                 |              |
| 48.              | Watercraft, trailers, motors, and related accessories Examples: B floating homes, personal watercraft, and fishing vessels                   | oats, trailers, motors,         |              |
| 49.              | Aircraft and accessories                                                                                                                     |                                 |              |
| 50.              | Other machinery, fixtures, and equipment (excluding farm machinery and equipment)                                                            |                                 |              |
| 51.              | Total of Part 8.                                                                                                                             |                                 | \$137,000.00 |
|                  | Add lines 47 through 50. Copy the total to line 87.                                                                                          |                                 |              |
| 52.              | Is a depreciation schedule available for any of the property listed                                                                          | l in Part 8?                    |              |
|                  | ■ No □ Yes                                                                                                                                   |                                 |              |
| 53.              | Has any of the property listed in Part 8 been appraised by a profe                                                                           | assional within the last year?  |              |
| 55.              | ■ No                                                                                                                                         | essional within the last year : |              |
|                  | □ Yes                                                                                                                                        |                                 |              |
| D 40             |                                                                                                                                              |                                 |              |
| Part 9:          | Real property the debtor own or lease any real property?                                                                                     |                                 |              |
| J4. <b>D</b> 003 | the debtor own or lease any real property:                                                                                                   |                                 |              |
|                  | o. Go to Part 10.                                                                                                                            |                                 |              |
| □ Ye             | s Fill in the information below.                                                                                                             |                                 |              |
| Part 10:         | Intangibles and intellectual property                                                                                                        |                                 |              |
|                  | the debtor have any interests in intangibles or intellectual prope                                                                           | rty?                            |              |
|                  |                                                                                                                                              |                                 |              |
|                  | o. Go to Part 11.<br>es Fill in the information below.                                                                                       |                                 |              |
| <b>□</b> 16      | s Fill in the information below.                                                                                                             |                                 |              |
| Part 11:         | All other assets                                                                                                                             |                                 |              |
|                  | the debtor own any other assets that have not yet been reported<br>de all interests in executory contracts and unexpired leases not previous |                                 |              |
| ■ No             | o. Go to Part 12.                                                                                                                            |                                 |              |
| □ Ye             | s Fill in the information below.                                                                                                             |                                 |              |

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**ABAT Builders, Inc.** Debtor Case number (If known) Name Part 12: Summary In Part 12 copy all of the totals from the earlier parts of the form **Current value of** Current value of real Type of property personal property property Cash, cash equivalents, and financial assets. \$500.00 Copy line 5, Part 1 81. Deposits and prepayments. Copy line 9, Part 2. \$2,665.25 Accounts receivable. Copy line 12, Part 3. \$3,157,279.73 Investments. Copy line 17, Part 4. \$0.00 Inventory. Copy line 23, Part 5. \$0.00 Farming and fishing-related assets. Copy line 33, Part 6. \$0.00 Office furniture, fixtures, and equipment; and collectibles. \$13,000.00 Copy line 43, Part 7. Machinery, equipment, and vehicles. Copy line 51, Part 8. \$137,000.00 Real property. Copy line 56, Part 9.....> 88. \$0.00 Intangibles and intellectual property. Copy line 66, Part 10. \$0.00

\$0.00

+ 91b.

\$0.00

\$3,310,444.98

\$3,310,444.98

All other assets. Copy line 78, Part 11.

Total. Add lines 80 through 90 for each column

92. Total of all property on Schedule A/B. Add lines 91a+91b=92

90.

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| Red  | cord#      | Invoice#                        | Description         | Date          | Due Date      | Invoice Total | Balance    |
|------|------------|---------------------------------|---------------------|---------------|---------------|---------------|------------|
| Job: | 201814     | NIMZ                            |                     |               |               |               |            |
|      | 25         | 201813-06                       | Startup AR          | 12/28/2018    | 01/27/2019    | 193,715.00    |            |
|      |            |                                 |                     |               | Job Totals:   | 193,715.00    |            |
| Job: | 2020017    | NorthPointe O'H                 | are Bldg            |               |               |               |            |
|      | 813        | 2020017-04a                     | Pay Application #4  | 06/30/2023    | 07/31/2023    | 728.15        | 728.15     |
|      | 814        | 2020017-03a                     | Pay Application #3  | 06/30/2023    | 07/31/2023    | 1,705.00      | 1,705.00   |
|      | 0004000    | 014/014 070                     |                     |               | Job Totals:   | 2,433.15      | 2,433.15   |
| Job: | 723        | 2021002-T-34                    | Pay Application #1  | 03/31/2023    | 04/30/2023    | 16,704.00     | 16,704.00  |
|      | 733        | 2021002-AV-37                   | Pay Application #1  | 03/31/2023    | 05/27/2023    | 3,645.00      | 3,645.00   |
|      | 740        | 2021002 7tV 37                  | Pay Application #1  | 03/31/2023    | 04/30/2023    | 975.00        | 975.00     |
|      | 757        | 2021002-Q-42                    | Pay Application #1  | 05/31/2023    | 06/30/2023    | 3,328.91      | 3,328.91   |
|      | 787<br>787 | 2021002 Q 42<br>2021002-AZ-46   | Pay Application #1  | 12/31/2022    | 01/31/2023    | 841.80        | 841.80     |
|      | 788        | 2021002-A2-40<br>2021002-BA-47  | Pay Application #1  | 12/31/2022    | 01/31/2023    | 40,898.28     | 40,898.28  |
|      | 789        | 2021002 BX 47<br>2021002-AY-45  | Pay Application #1  | 12/31/2022    | 01/31/2023    | 3,343.52      | 3,343.52   |
|      | 790        | 2021002-AT-43                   | Pay Application #1  | 12/31/2022    | 01/31/2023    | 38,000.00     | 9,015.50   |
|      | 790<br>791 | 2021002-AX-44<br>2021002-BC-49  | Pay Application #1  | 12/31/2022    | 01/31/2023    | 555.58        | 555.58     |
|      | 792        | 2021002-BB-48                   | Pay Application #1  | 12/31/2022    | 01/31/2023    | 4,600.00      | 4,600.00   |
|      | 794        | 2021002-BE-50                   | Pay Application #1  | 12/31/2022    | 01/31/2023    | 72,505.00     | 72,505.00  |
|      | 815        | 2021002-37                      | Pay Application #1  | 05/31/2023    | 06/30/2023    | 28,250.51     | 28,250.51  |
|      |            |                                 |                     |               | Job Totals:   | 213,647.60    | 184,663.10 |
| Job: | 2021022    | Cassnik Contrac                 | •                   |               |               |               |            |
|      | 489        | 2021022-01                      | Pay Application #1  | 12/30/2021    | 12/30/2021    | 6,692.44      | 6,692.44   |
|      |            |                                 |                     |               | Job Totals:   | 6,692.44      | 6,692.44   |
| Job: |            | FRR OPS                         | <b></b>             | 0.4/0.0/0.000 | 0.4/0.0/0.000 | 40.074.00     | 40.074.00  |
|      | 509        | 2022014-01                      | Pay Application #1  | 04/06/2022    | 04/06/2022    | 12,874.30     | 12,874.30  |
|      | 536        | 2022014-02                      | Pay Application #2  | 05/11/2022    | 05/11/2022    | 3,889.00      | 3,889.00   |
|      | 550        | 2022014-03                      | payment appl        | 06/21/2022    | 06/21/2022    | 1,873.00      | 1,873.00   |
| lab. | 2022045    | TA#022 \Millio arta             | CT                  |               | Job Totals:   | 18,636.30     | 18,636.30  |
| Job: | 595        | 5 TA#022 Willingto<br>2022015-1 | Pay Application #1  | 08/29/2022    | 10/28/2022    | 2,027.98      | 2,027.98   |
|      |            |                                 |                     |               | Job Totals:   | 2,027.98      | 2,027.98   |
| Job: | 2022016    | Gateway Rosem                   | ont Hotel           |               | JOD TOtals.   | 2,027.30      | 2,027.30   |
|      | 818        | 2022016-15                      | Pay Application #15 | 08/31/2023    | 09/30/2023    | 429,311.16    | 429,311.16 |
|      |            |                                 |                     |               | Job Totals:   | 429,311.16    | 429,311.16 |
| Job: |            | TA#241 Demotte                  |                     |               |               |               |            |
|      | 706        | 2022028-04                      | Pay Application #4  | 01/31/2023    | 02/28/2023    | 114,839.70    | 43,501.06  |
|      | 752        | 2022028-05                      | Pay Application 5   | 06/16/2023    | 07/16/2023    | 37,414.00     | 37,414.00  |
|      | 809 20     | )22028-01-Asphalt               | Pay Application #1  | 05/31/2023    | 06/30/2023    | 75,000.00     | 75,000.00  |
| lal- | 202222     | Octove 4-4/04                   | Floor D             |               | Job Totals:   | 227,253.70    | 155,915.06 |
| Job: | 2022029    | •                               |                     | 04/20/2022    | 0E/24/2022    | 6.040.05      | 6 040 05   |
|      | 742        | 2022029-016                     | Pay Application #6  | 04/30/2023    | 05/31/2023    | 6,219.35      | 6,219.35   |
|      | 766<br>768 | 2022029-13                      | Pay Application #13 | 01/31/2023    | 02/28/2023    | 34,758.07     | 17,534.01  |
|      | 768        | 2022029-15                      | Pay Application #15 | 02/28/2023    | 03/30/2023    | 62,850.36     | 464.26     |

| Red  | ord#       | Invoice#                      | Description                           | Date                     | Due Date                 | Invoice Total          | Balance                |
|------|------------|-------------------------------|---------------------------------------|--------------------------|--------------------------|------------------------|------------------------|
|      |            |                               |                                       |                          | Job Totals:              | 103,827.78             | 24,217.62              |
| Job: | 2022030    | Voco Hotel BY II              |                                       |                          |                          |                        |                        |
|      | 690        | 2022030-05                    | Pay Application 5                     | 02/28/2023               | 03/26/2023               | 11,936.79              | 11,936.79              |
|      |            |                               |                                       |                          | Job Totals:              | 11,936.79              | 11,936.79              |
| Job: | 2022033    | Westin Georgeto               |                                       |                          |                          |                        |                        |
|      | 802        |                               | Pay Application #7                    | 07/31/2023               | 08/31/2023               | 60,470.58              | 60,470.58              |
|      | 817        | 2022033-08                    | Pay Application #8                    | 08/31/2023               | 09/30/2023               | 42,151.81              | 42,151.81              |
|      |            |                               |                                       |                          | Job Totals:              | 102,622.39             | 102,622.39             |
| Job: |            | Mainstay Suite A              |                                       |                          |                          |                        |                        |
|      | 804        | 2022035-06                    | Pay Application #6                    | 07/31/2023               | 08/31/2023               | 87,552.69              | 87,552.69              |
|      |            |                               |                                       |                          | Job Totals:              | 87,552.69              | 87,552.69              |
| Job: |            | The Suites at Fa              |                                       |                          |                          |                        |                        |
|      | 810        | 2022036-07                    | Pay Application #7                    | 08/31/2023               | 09/30/2023               | 163,723.62             | 163,723.62             |
|      |            |                               | _                                     |                          | Job Totals:              | 163,723.62             | 163,723.62             |
| Job: |            | HIVC Mt. Ascutn               | •                                     |                          |                          |                        |                        |
|      |            | 2022038-Ballroom              | , ,,                                  | 08/01/2023               | 09/01/2023               | 37,993.60              | 37,993.60              |
|      | 819        | 2022038-10                    | Pay Application #10                   | 08/31/2023               | 09/30/2023               | 27,456.50              | 27,456.50              |
|      | 820        | 2022038-11                    | Pay Application #11                   | 08/31/2023               | 09/30/2023               | 162,183.36             | 162,183.36             |
|      | 0000004    | OWOM Falls Day                | .I.D.                                 |                          | Job Totals:              | 227,633.46             | 227,633.46             |
| Job: |            | OWCM Falls Poo                |                                       | 00/04/0000               | 0.4/0.0/0.000            | FF FF7 04              | FF FF7 04              |
|      | 716<br>821 | 2023001-03<br>2023001-04      | Pay Application #3 Pay Application #4 | 03/31/2023<br>08/31/2023 | 04/30/2023<br>09/30/2023 | 55,557.01<br>28,959.46 | 55,557.01<br>28,959.46 |
|      | 021        | 2020001 04                    | Tay Application #4                    | 00/01/2020               | 03/30/2023               | 20,000.40              | 20,555.40              |
|      | 0000000    | Delea of The Mar              |                                       |                          | Job Totals:              | 84,516.47              | 84,516.47              |
| Job: |            | Pulse at The May              |                                       | 00/04/0000               | 00/00/0000               | 000 000 50             | 000 000 50             |
|      | 822        | 2023002-05                    | Pay Application #5                    | 08/31/2023               | 09/30/2023               | 208,380.53             | 208,380.53             |
|      |            | NAC NAC                       | W O T                                 |                          | Job Totals:              | 208,380.53             | 208,380.53             |
| Job: | 811        | Wingate by Wyn                | Pay Application #3                    | 08/31/2023               | 09/30/2023               | 583,696.40             | 583,696.40             |
|      | 011        | 2023000-03                    | ray Application #3                    | 00/31/2023               | 09/30/2023               |                        | 303,030.40             |
|      |            |                               | _                                     |                          | Job Totals:              | 583,696.40             | 583,696.40             |
| Job: |            | OWCM OPS 2023                 |                                       | 05/04/0000               | 00/20/2022               | F 000 70               | F 000 70               |
|      | 782        | 2023007-C-03                  | Pay Application #1                    | 05/31/2023               | 06/30/2023               | 5,662.72               | 5,662.72               |
|      | 783        | 2023007-D-04                  | Pay Application #1                    | 05/02/2023               | 06/30/2023               | 5,242.64               | 5,242.64               |
|      | 784        | 2023007-E-05                  | Pay Application #1                    | 05/31/2023               | 06/30/2023               | 13,221.09              | 13,221.09              |
|      |            |                               |                                       |                          | Job Totals:              | 24,126.45              | 24,126.45              |
| Job: | 827        | Mainstay Suites<br>2023008-02 | Pay Application #8                    | 08/31/2023               | 09/30/2023               | 284,555.32             | 284,555.32             |
|      |            |                               |                                       |                          | lob Total-               |                        |                        |
| Job: | 2023009    | OWCM Hall of Ci               | ities                                 |                          | Job Totals:              | 284,555.32             | 284,555.32             |
|      | 805        | 2023009-01                    | Pay Application #1                    | 08/14/2023               | 09/13/2023               | 143,158.07             | 143,158.07             |
|      | 825        | 2023009-02                    | Pay Application #2                    | 08/31/2023               | 09/30/2023               | 37,832.43              | 37,832.43              |
|      |            |                               |                                       |                          | Job Totals:              | 180,990.50             | 180,990.50             |

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| Record# | Invoice# Description | Date | Due Date      | Invoice Total | Balance      |
|---------|----------------------|------|---------------|---------------|--------------|
|         |                      |      |               |               |              |
|         |                      |      | Grand Totals: | 3,157,279.73  | 2,783,631.43 |

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|       |                     |                                            | Document Page 17 01 00                                                                        |               |               |                                        |
|-------|---------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------|---------------|---------------|----------------------------------------|
| Fill  | in this inf         | formation to identify the c                | case:                                                                                         |               |               |                                        |
| Deb   | tor name            | ABAT Builders, Inc.                        |                                                                                               |               |               |                                        |
| Unit  | ed States           | Bankruptcy Court for the:                  | NORTHERN DISTRICT OF ILLINOIS                                                                 |               |               |                                        |
| Cas   | e number            | (if known)                                 |                                                                                               |               |               |                                        |
|       |                     |                                            |                                                                                               |               | _             | Check if this is an amended filing     |
| ~ · · |                     | 2225                                       |                                                                                               |               | ·             | amenaea ming                           |
|       |                     | orm 206D                                   |                                                                                               | _             |               |                                        |
| Sc    | hedul               | e D: Creditors                             | Who Have Claims Secured by Pro                                                                | operty        |               | 12/15                                  |
|       | -                   | and accurate as possible.                  |                                                                                               |               |               |                                        |
|       |                     | tors have claims secured by                | <b>debtor's property?</b><br>age 1 of this form to the court with debtor's other schedules. I | Johtor has no | thing also to | roport on this form                    |
|       | _                   | ill in all of the information b            |                                                                                               | Jebioi Has Ho | uning eise to | report on this form.                   |
|       |                     | t Creditors Who Have Se                    |                                                                                               |               |               |                                        |
|       |                     |                                            | no have secured claims. If a creditor has more than one secured                               | Column A      |               | Column B                               |
| clain | n, list the cr      | editor separately for each clain           | n.                                                                                            | Amount of o   | laim          | Value of collateral that supports this |
|       |                     |                                            |                                                                                               | Do not dedu   | ct the value  | claim                                  |
| 2.1   | Ford C              |                                            | Describe debtor's property that is subject to a lien                                          |               | 5,000.00      | \$70,000.00                            |
|       | Creditor's I        |                                            | 2022 Ford F-250; VIN: 1FT8W2BT0NED58097                                                       |               |               |                                        |
|       |                     | X 650575<br>TX 75265-0575                  |                                                                                               |               |               |                                        |
|       | Creditor's r        | mailing address                            | Describe the lien                                                                             |               |               |                                        |
|       |                     |                                            | Purchase Money Security Is the creditor an insider or related party?                          |               |               |                                        |
|       |                     |                                            | ■ No                                                                                          |               |               |                                        |
|       | Creditor's          | email address, if known                    | Yes                                                                                           |               |               |                                        |
|       | Date deb            | ot was incurred                            | Is anyone else liable on this claim?  No                                                      |               |               |                                        |
|       | 2410 404            |                                            | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)                                    |               |               |                                        |
|       | Last 4 di           | gits of account number                     |                                                                                               |               |               |                                        |
|       |                     | ple creditors have an                      | As of the petition filing date, the claim is:                                                 |               |               |                                        |
|       | Interest I          | n the same property?                       | Check all that apply ☐ Contingent                                                             |               |               |                                        |
|       |                     | Specify each creditor,                     | ☐ Unliquidated                                                                                |               |               |                                        |
|       | including priority. | this creditor and its relative             | ☐ Disputed                                                                                    |               |               |                                        |
|       |                     |                                            |                                                                                               |               |               |                                        |
| 2.2   | Td Aut              | o Finance                                  | Describe debtor's property that is subject to a lien                                          | \$5           | 2,000.00      | \$42,000.00                            |
|       | Creditor's I        |                                            | 2023 Buick Envision; VIN:                                                                     |               |               |                                        |
|       | Po Box              | ankruptcy<br>c 9223                        | LRBFZSR45PD065350                                                                             |               |               |                                        |
|       | Farmin              | gton Hills, MI 48333                       |                                                                                               |               |               |                                        |
|       | Creditor's r        | mailing address                            | Describe the lien                                                                             |               |               |                                        |
|       |                     |                                            | Purchase Money Security Is the creditor an insider or related party?                          |               |               |                                        |
|       |                     |                                            | ■ No                                                                                          |               |               |                                        |
|       | Creditor's          | email address, if known                    | Yes                                                                                           |               |               |                                        |
|       |                     |                                            | Is anyone else liable on this claim?                                                          |               |               |                                        |
|       | Date deb            | t was incurred                             | No                                                                                            |               |               |                                        |
|       | Last 4 di           | gits of account number                     | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)                                    |               |               |                                        |
|       |                     | ple creditors have an n the same property? | As of the petition filing date, the claim is:<br>Check all that apply                         |               |               |                                        |

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| Debtor ABAT Builders, Inc. |                                                                                                                                                                                                           | Case                                                        | e number (if known)                                                   |                                |  |  |  |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------|--|--|--|
|                            | Name                                                                                                                                                                                                      |                                                             |                                                                       |                                |  |  |  |
|                            | No                                                                                                                                                                                                        | ☐ Contingent                                                |                                                                       |                                |  |  |  |
|                            | Yes. Specify each creditor,                                                                                                                                                                               | ☐ Unliquidated                                              |                                                                       |                                |  |  |  |
|                            | cluding this creditor and its relative iority.                                                                                                                                                            | ☐ Disputed                                                  |                                                                       |                                |  |  |  |
|                            | 3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$117,000.00  Part 2: List Others to Be Notified for a Debt Already Listed in Part 1        |                                                             |                                                                       |                                |  |  |  |
| List in a                  | List officers to be Notified for a best Already Listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors. |                                                             |                                                                       |                                |  |  |  |
|                            | hers need to notified for the debts list<br>Name and address                                                                                                                                              | sted in Part 1, do not fill out or submit this page. If add | litional pages are needed, copy this p<br>On which line in Part 1 did | page.<br>Last 4 digits of      |  |  |  |
| _                          | vallie aliu auuless                                                                                                                                                                                       |                                                             | you enter the related creditor?                                       | account number for this entity |  |  |  |
|                            |                                                                                                                                                                                                           |                                                             |                                                                       |                                |  |  |  |

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|                  |                                                                                                                                                               | Document Page 19 of 60                                                                                                                                                                                                                                                                        |                                                           |                                     |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------|
| Fill i           | n this information to identify the case:                                                                                                                      |                                                                                                                                                                                                                                                                                               |                                                           |                                     |
| Debt             | tor name ABAT Builders, Inc.                                                                                                                                  |                                                                                                                                                                                                                                                                                               |                                                           |                                     |
|                  |                                                                                                                                                               |                                                                                                                                                                                                                                                                                               | -                                                         |                                     |
| Unite            | ed States Bankruptcy Court for the: NORTHI                                                                                                                    | ERN DISTRICT OF ILLINOIS                                                                                                                                                                                                                                                                      | -                                                         |                                     |
| Case             | e number (if known)                                                                                                                                           |                                                                                                                                                                                                                                                                                               |                                                           |                                     |
|                  |                                                                                                                                                               |                                                                                                                                                                                                                                                                                               | ☐ Check                                                   | if this is an                       |
|                  |                                                                                                                                                               |                                                                                                                                                                                                                                                                                               | amend                                                     | ded filing                          |
| ~ · · ·          | : :                                                                                                                                                           |                                                                                                                                                                                                                                                                                               |                                                           |                                     |
|                  | <u>icial Form 206E/F</u>                                                                                                                                      |                                                                                                                                                                                                                                                                                               |                                                           |                                     |
| Scl              | hedule E/F: Creditors Wh                                                                                                                                      | no Have Unsecured Claims                                                                                                                                                                                                                                                                      |                                                           | 12/15                               |
| List th<br>Perso | ne other party to any executory contracts or unex<br>anal Property (Official Form 206A/B) and on Scheo<br>ne boxes on the left. If more space is needed for F | or creditors with PRIORITY unsecured claims and Part 2 for cre<br>pired leases that could result in a claim. Also list executory co<br>dule G: Executory Contracts and Unexpired Leases (Official Fo<br>Part 1 or Part 2, fill out and attach the Additional Page of that Pa<br>ecured Claims | ntracts on <i>Schedule A/B</i><br>rm 206G). Number the er | : Assets - Real and                 |
|                  |                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |                                                           |                                     |
| 1.               | . Do any creditors have priority unsecured claim                                                                                                              | ns? (See 11 U.S.C. § 507).                                                                                                                                                                                                                                                                    |                                                           |                                     |
|                  | ☐ No. Go to Part 2.                                                                                                                                           |                                                                                                                                                                                                                                                                                               |                                                           |                                     |
|                  | Yes. Go to line 2.                                                                                                                                            |                                                                                                                                                                                                                                                                                               |                                                           |                                     |
| 2                | <ol> <li>List in alphabetical order all creditors who ha<br/>with priority unsecured claims, fill out and attach</li> </ol>                                   | ve unsecured claims that are entitled to priority in whole or in path the Additional Page of Part 1.                                                                                                                                                                                          | part. If the debtor has mor                               | e than 3 creditors  Priority amount |
| 2.1              | Priority creditor's name and mailing address                                                                                                                  | As of the petition filing date, the claim is:                                                                                                                                                                                                                                                 | \$9,461.53                                                | \$9,461.53                          |
|                  | Andrew Jaskolski                                                                                                                                              | Check all that apply.                                                                                                                                                                                                                                                                         |                                                           |                                     |
|                  | 900 N Kingsbury Unit                                                                                                                                          | ☐ Contingent                                                                                                                                                                                                                                                                                  |                                                           |                                     |
|                  | Chicago, IL 60610                                                                                                                                             | ☐ Unliquidated                                                                                                                                                                                                                                                                                |                                                           |                                     |
|                  |                                                                                                                                                               | ☐ Disputed                                                                                                                                                                                                                                                                                    |                                                           |                                     |
|                  | Date or dates debt was incurred                                                                                                                               | Basis for the claim:                                                                                                                                                                                                                                                                          |                                                           |                                     |
|                  |                                                                                                                                                               | wages                                                                                                                                                                                                                                                                                         |                                                           |                                     |
|                  | Last 4 digits of account number                                                                                                                               | Is the claim subject to offset?                                                                                                                                                                                                                                                               |                                                           |                                     |
|                  | Specify Code subsection of PRIORITY                                                                                                                           | ■ No                                                                                                                                                                                                                                                                                          |                                                           |                                     |
|                  | unsecured claim: 11 U.S.C. § 507(a) (4)                                                                                                                       | □Yes                                                                                                                                                                                                                                                                                          |                                                           |                                     |
|                  |                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |                                                           |                                     |
| 2.2              | Priority creditor's name and mailing address                                                                                                                  | As of the petition filing date, the claim is:                                                                                                                                                                                                                                                 | \$12,523.08                                               | \$12,523.08                         |
|                  | Aneta Kowalczyk                                                                                                                                               | Check all that apply.                                                                                                                                                                                                                                                                         | <u> </u>                                                  |                                     |
|                  | 802 N River Rd                                                                                                                                                | ☐ Contingent                                                                                                                                                                                                                                                                                  |                                                           |                                     |
|                  | Apt. 18                                                                                                                                                       | ☐ Unliquidated                                                                                                                                                                                                                                                                                |                                                           |                                     |
|                  | Mount Prospect, IL 60056                                                                                                                                      | ☐ Disputed                                                                                                                                                                                                                                                                                    |                                                           |                                     |
|                  | Date or dates debt was incurred                                                                                                                               | Basis for the claim: wages                                                                                                                                                                                                                                                                    |                                                           |                                     |
|                  | Last 4 digits of account number                                                                                                                               | Is the claim subject to offset?                                                                                                                                                                                                                                                               |                                                           |                                     |
|                  | Specify Code subsection of PRIORITY                                                                                                                           | No                                                                                                                                                                                                                                                                                            |                                                           |                                     |
|                  | unsecured claim: 11 U.S.C. § 507(a) (4)                                                                                                                       | □ Yes                                                                                                                                                                                                                                                                                         |                                                           |                                     |
|                  |                                                                                                                                                               | <b>□</b> 162                                                                                                                                                                                                                                                                                  |                                                           |                                     |

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| Debtor | ABAT Builders, Inc.                                                                                           | Case number (if known)                                                                                 |             |             |
|--------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------|-------------|
| 2.3    | Priority creditor's name and mailing address Anthony Czupryna 5212 Brown St. Skokie, IL 60077                 | As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed | \$7,500.00  | \$7,500.00  |
|        | Date or dates debt was incurred                                                                               | Basis for the claim:  wages                                                                            |             |             |
|        | Last 4 digits of account number                                                                               | Is the claim subject to offset?                                                                        | -           |             |
|        | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)                                   | ■ No □ Yes                                                                                             |             |             |
| 2.4    | Priority creditor's name and mailing address Antoni Czupryna 8329 Sailing Loop Lakewood Ranch, FL 34202       | As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed | \$3,461.54  | \$3,461.54  |
|        | Date or dates debt was incurred                                                                               | Basis for the claim:  wages                                                                            |             |             |
|        | Last 4 digits of account number                                                                               | Is the claim subject to offset?                                                                        | -           |             |
|        | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)                                   | ■ No □ Yes                                                                                             |             |             |
| 2.5    | Priority creditor's name and mailing address Arek Szawlowski 1018 Castilian Court Apt. 310 Glenview, IL 60025 | As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed | \$8,826.93  | \$8,826.93  |
|        | Date or dates debt was incurred                                                                               | Basis for the claim:  wages                                                                            |             |             |
|        | Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)  | Is the claim subject to offset?  ■ No □ Yes                                                            | -           |             |
| 2.6    | Priority creditor's name and mailing address  Deanne Kuzmic  4835 Cordell Ave.  Bethesda, MD 20814            | As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed | \$11,550.00 | \$11,550.00 |
|        | Date or dates debt was incurred                                                                               | Basis for the claim:  wages                                                                            |             |             |
|        | Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)  | Is the claim subject to offset?  ■ No                                                                  | -           |             |
|        | unsecured daim. 11 0.5.0. 9 507(a) (4)                                                                        | □Yes                                                                                                   |             |             |

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| Debtor | 712711 201101010, 11101                                                                                             | Case number (if known)                                                                                 |            |            |
|--------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------|------------|
| 2.7    | Name  Priority creditor's name and mailing address  Dorota Maslo  922 E Old Willow Road  Prospect Heights, IL 60070 | As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed | \$5,261.54 | \$5,261.54 |
|        | Date or dates debt was incurred                                                                                     | Basis for the claim: wages                                                                             |            |            |
|        | Last 4 digits of account number                                                                                     | Is the claim subject to offset?                                                                        |            |            |
|        | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)                                         | ■ No □ Yes                                                                                             |            |            |
| 2.8    | Priority creditor's name and mailing address Jacie Dick 2315 W Wabansia Unit 1E Chicago, IL 60647                   | As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed | \$4,916.16 | \$4,916.16 |
|        | Date or dates debt was incurred                                                                                     | Basis for the claim: wages                                                                             |            |            |
|        | Last 4 digits of account number                                                                                     | Is the claim subject to offset?                                                                        |            |            |
|        | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)                                         | ■ No □ Yes                                                                                             |            |            |
| 2.9    | Priority creditor's name and mailing address  James Panchishin  5434 Bryce Canyon Drive  Kissimmee, FL 34758        | As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed | \$6,923.07 | \$6,923.07 |
|        | Date or dates debt was incurred                                                                                     | Basis for the claim:                                                                                   |            |            |
|        | Last 4 digits of account number                                                                                     | Is the claim subject to offset?                                                                        |            |            |
|        | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)                                         | ■ No □ Yes                                                                                             |            |            |
| 2.10   | Priority creditor's name and mailing address Michael Caliendo 8953 Gloucester Road Woodridge, IL 60517              | As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed | \$9,903.86 | \$9,903.86 |
|        | Date or dates debt was incurred                                                                                     | Basis for the claim: wages                                                                             |            |            |
|        | Last 4 digits of account number                                                                                     | Is the claim subject to offset?                                                                        |            |            |
|        | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)                                         | ■ No □ Yes                                                                                             |            |            |

Official Form 206 E/F

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| Debtor | 712717 241141010, 11101                                                                                    | Case number (if known)                                                                                  |             |             |
|--------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------|-------------|
| 2.11   | Name  Priority creditor's name and mailing address  Michael McBride  4815 S Fire Lane Rd.  Pekin, IN 47165 | As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed  | \$7,500.00  | \$7,500.00  |
|        | Date or dates debt was incurred                                                                            | Basis for the claim:  wages                                                                             |             |             |
|        | Last 4 digits of account number                                                                            | Is the claim subject to offset?                                                                         | -           |             |
|        | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)                                | ■ No □ Yes                                                                                              |             |             |
| 2.12   | Priority creditor's name and mailing address Nicholas Pigott 610 Sheridan Road Apt. 3B Highwood, IL 60040  | As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed  | \$980.76    | \$980.76    |
|        | Date or dates debt was incurred                                                                            | Basis for the claim: wages                                                                              |             |             |
|        | Last 4 digits of account number                                                                            | Is the claim subject to offset?                                                                         | -           |             |
|        | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)                                | ■ No □ Yes                                                                                              |             |             |
| 2.13   | Priority creditor's name and mailing address Scott Walker 3666 Eastside Hwy Stevensville, MT 59870         | As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated Disputed | \$9,184.61  | \$9,184.61  |
|        | Date or dates debt was incurred                                                                            | Basis for the claim:  Wages                                                                             |             |             |
|        | Last 4 digits of account number                                                                            | Is the claim subject to offset?                                                                         | -           |             |
|        | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)                                | ■ No □ Yes                                                                                              |             |             |
| 2.14   | Priority creditor's name and mailing address Teresa Szafranski 1724 W Robbie Lane Palatine, IL 60067       | As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed  | \$11,150.00 | \$11,150.00 |
|        | Date or dates debt was incurred                                                                            | Basis for the claim: wages                                                                              |             |             |
|        | Last 4 digits of account number                                                                            | Is the claim subject to offset?                                                                         | -           |             |
|        | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)                                | ■ No □ Yes                                                                                              |             |             |

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| Debtor  | 712711 2 011101010, 11101                                                   | Case number (if known)                                                                            |                  |                    |  |  |
|---------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------|--------------------|--|--|
| 2.15    | Name Priority creditor's name and mailing address                           | As of the petition filing date, the claim is:                                                     | \$8,794.23       | \$8,794.23         |  |  |
|         | Vidor Szekely                                                               | Check all that apply.                                                                             |                  |                    |  |  |
|         | 421 N Main St.                                                              | Contingent                                                                                        |                  |                    |  |  |
|         | Mount Prospect, IL 60056                                                    | Unliquidated                                                                                      |                  |                    |  |  |
|         |                                                                             | ☐ Disputed                                                                                        |                  |                    |  |  |
|         | Date or dates debt was incurred                                             | Basis for the claim:                                                                              |                  |                    |  |  |
|         |                                                                             | wages                                                                                             |                  |                    |  |  |
|         | Last 4 digits of account number                                             | Is the claim subject to offset?                                                                   |                  |                    |  |  |
|         | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | ■ No                                                                                              |                  |                    |  |  |
|         | · · · · · ·                                                                 | Yes                                                                                               |                  |                    |  |  |
|         |                                                                             |                                                                                                   |                  |                    |  |  |
| Part 2: |                                                                             | Jnsecured Claims<br>th nonpriority unsecured claims. If the debtor has more than 6 creditors with | nonnriority unse | acured claims fill |  |  |
| ٥.      | out and attach the Additional Page of Part 2.                               | th nonphority unsecured claims. If the debtor has more than o cleditors with                      |                  |                    |  |  |
|         |                                                                             |                                                                                                   | Am               | ount of claim      |  |  |
| 3.1     | Nonpriority creditor's name and mailing addre                               | As of the petition filing date, the claim is: Check all that apply.                               |                  | \$10,492.00        |  |  |
|         | 4 Star Cleaning Service Corp                                                | ☐ Contingent                                                                                      |                  |                    |  |  |
|         | 25 Emerson Drive                                                            | ☐ Unliquidated                                                                                    |                  |                    |  |  |
|         | Schaumburg, IL 60194                                                        | ☐ Disputed                                                                                        |                  |                    |  |  |
|         | Date(s) debt was incurred _                                                 | Basis for the claim: vendor                                                                       |                  |                    |  |  |
|         | Last 4 digits of account number _                                           | Is the claim subject to offset? ■ No □ Yes                                                        |                  |                    |  |  |
| 3.2     | Nonpriority creditor's name and mailing addre                               | As of the petition filing date, the claim is: Check all that apply.                               | ,                | \$7,700.00         |  |  |
|         | ABBA Roofing & Construction                                                 | ☐ Contingent                                                                                      |                  | ·                  |  |  |
|         | Issaqua-Pine Lake Rd. SE                                                    | ☐ Unliquidated                                                                                    |                  |                    |  |  |
|         | Sammamish, WA 98075                                                         | Disputed                                                                                          |                  |                    |  |  |
|         | Date(s) debt was incurred _                                                 | Basis for the claim: Vendor                                                                       |                  |                    |  |  |
|         | Last 4 digits of account number _                                           | Is the claim subject to offset? ■ No □ Yes                                                        |                  |                    |  |  |
| 3.3     | Nonpriority creditor's name and mailing addre                               | As of the petition filing date, the claim is: Check all that apply.                               |                  | \$93,421.20        |  |  |
|         | ABE's Electric                                                              | ☐ Contingent                                                                                      |                  | 400,121120         |  |  |
|         | 1004 Royal St.                                                              | ☐ Unliquidated                                                                                    |                  |                    |  |  |
|         | Kissimmee, FL 34744                                                         | Disputed                                                                                          |                  |                    |  |  |
|         | Date(s) debt was incurred _                                                 | Basis for the claim: Vendor                                                                       |                  |                    |  |  |
|         | Last 4 digits of account number _                                           | Is the claim subject to offset? ■ No □ Yes                                                        |                  |                    |  |  |
|         |                                                                             | is the daim subject to offset? — No 🗀 Yes                                                         |                  |                    |  |  |
| 3.4     | Nonpriority creditor's name and mailing addre                               | As of the petition filing date, the claim is: Check all that apply.                               |                  | \$530.73           |  |  |
|         | AC Fire Protection LLC                                                      | ☐ Contingent                                                                                      |                  |                    |  |  |
|         | 4700 Springfield Ct.                                                        | ☐ Unliquidated                                                                                    |                  |                    |  |  |
|         | Brandywine, MD 20613                                                        | ☐ Disputed                                                                                        |                  |                    |  |  |
|         | Date(s) debt was incurred _                                                 | Basis for the claim: vendor                                                                       |                  |                    |  |  |
|         | Last 4 digits of account number _                                           | Is the claim subject to offset? ■ No □ Yes                                                        |                  |                    |  |  |
| 3.5     | Nonpriority creditor's name and mailing addre                               | As of the petition filing date, the claim is: Check all that apply.                               |                  | \$4,800.00         |  |  |
|         | Acoustic Pro Interior Construction                                          | ☐ Contingent                                                                                      |                  | ψ.,σσσισσ          |  |  |
|         | 25921 Eufaula Way                                                           | ☐ Unliquidated                                                                                    |                  |                    |  |  |
|         | Sorrento, FL 32776                                                          | ☐ Disputed                                                                                        |                  |                    |  |  |
|         | Date(s) debt was incurred                                                   |                                                                                                   |                  |                    |  |  |
|         | Last 4 digits of account number                                             | Basis for the claim: <u>vendor</u>                                                                |                  |                    |  |  |
|         | • • • • • • •                                                               | Is the claim subject to offset? ■ No ☐ Yes                                                        |                  |                    |  |  |

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| Debto | 712717 2 011 010 1 0 1                                | Case number (if known)                                              |              |
|-------|-------------------------------------------------------|---------------------------------------------------------------------|--------------|
| 3.6   | Name  Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. | \$9,206.47   |
| 0.0   | AFA Protective Systems, Inc.                          | Contingent                                                          | Ψ3,200.71    |
|       | PO Box 21030                                          |                                                                     |              |
|       | New York, NY 10087-1030                               | ☐ Unliquidated ☐ Disputed                                           |              |
|       | Date(s) debt was incurred _                           | ·                                                                   |              |
|       | Last 4 digits of account number                       | Basis for the claim: <u>vendor</u>                                  |              |
|       |                                                       | Is the claim subject to offset? ■ No ☐ Yes                          |              |
| 3.7   | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$8,940.80   |
|       | Air Systems Engineering                               | ☐ Contingent                                                        |              |
|       | 3602 South Pine Street                                | ☐ Unliquidated                                                      |              |
|       | Tacoma, WA 98409                                      | ☐ Disputed                                                          |              |
|       | Date(s) debt was incurred _                           | Basis for the claim: <b>Vendor</b>                                  |              |
|       | Last 4 digits of account number _                     |                                                                     |              |
|       |                                                       | Is the claim subject to offset? ■ No □ Yes                          |              |
| 3.8   | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$2,079.29   |
|       | All Tile                                              | ☐ Contingent                                                        |              |
|       | 855 N Wood Dale Rd., Ste A                            | ☐ Unliquidated                                                      |              |
|       | Wood Dale, IL 60191                                   | ☐ Disputed                                                          |              |
|       | Date(s) debt was incurred _                           | Basis for the claim: <b>Vendor</b>                                  |              |
|       | Last 4 digits of account number                       |                                                                     |              |
|       |                                                       | Is the claim subject to offset? ■ No □ Yes                          |              |
| 3.9   | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$20,000.00  |
|       | Amex                                                  | ☐ Contingent                                                        |              |
|       | Correspondence/Bankruptcy                             | ☐ Unliquidated                                                      |              |
|       | Po Box 981540                                         | ☐ Disputed                                                          |              |
|       | El Paso, TX 79998                                     | ·                                                                   |              |
|       | Date(s) debt was incurred                             | Basis for the claim: Business credit card                           |              |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                          |              |
| 3.10  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$3,285.50   |
|       | Andrzej Juzwiak                                       | ☐ Contingent                                                        | <b>,</b> ,   |
|       | 314 Emmerson                                          | ☐ Unliquidated                                                      |              |
|       | Itasca, IL 60143                                      | ☐ Disputed                                                          |              |
|       | Date(s) debt was incurred _                           | ·                                                                   |              |
|       | Last 4 digits of account number                       | Basis for the claim: <u>contractor</u>                              |              |
|       |                                                       | Is the claim subject to offset? ■ No ☐ Yes                          |              |
| 3.11  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$450,000.00 |
|       | Anthony Czupryna                                      | ☐ Contingent                                                        |              |
|       | 5212 Brown St.                                        | ☐ Unliquidated                                                      |              |
|       | Skokie, IL 60077                                      | ☐ Disputed                                                          |              |
|       | Date(s) debt was incurred                             | Basis for the claim: Ioan                                           |              |
|       | Last 4 digits of account number                       | Basis for the claim. Ioan                                           |              |
|       |                                                       | Is the claim subject to offset? ■ No ☐ Yes                          |              |
| 3.12  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$1,550.00   |
|       | Betta Builders Corp                                   | ☐ Contingent                                                        |              |
|       | 500 W Kathleen Drive                                  | ☐ Unliquidated                                                      |              |
|       | Des Plaines, IL 60016                                 | ☐ Disputed                                                          |              |
|       | Date(s) debt was incurred                             |                                                                     |              |
|       | Last 4 digits of account number                       | Basis for the claim: <u>Vendor</u>                                  |              |
|       |                                                       | Is the claim subject to offset? ■ No □ Yes                          |              |

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| Debto | - 1 = 11 = a = 0 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1  | Case number (if known)                                              |              |
|-------|-------------------------------------------------------|---------------------------------------------------------------------|--------------|
| 3.13  | Name  Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. | \$25,000.00  |
| 0.10  | Big City Asphalt                                      |                                                                     | \$25,000.00  |
|       | 3321 Princeton Avenue                                 | ☐ Contingent                                                        |              |
|       | Collinsville, IL 62234                                | Unliquidated                                                        |              |
|       |                                                       | Disputed                                                            |              |
|       | Date(s) debt was incurred _                           | Basis for the claim: <u>vendor</u>                                  |              |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                          |              |
| 3.14  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$131,480.00 |
|       | Bill's Electric                                       | ☐ Contingent                                                        |              |
|       | 1716 E. Falcon Street                                 | ☐ Unliquidated                                                      |              |
|       | Webb City, MO 64870                                   | ☐ Disputed                                                          |              |
|       | Date(s) debt was incurred _                           | Basis for the claim: _Vendor_                                       |              |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                          |              |
| 3.15  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$7,942.35   |
|       | BKB Pumbing                                           | ☐ Contingent                                                        |              |
|       | 3404 Colony Drive                                     | ☐ Unliquidated                                                      |              |
|       | Jonesboro, AR 72404                                   | ☐ Disputed                                                          |              |
|       | Date(s) debt was incurred                             |                                                                     |              |
|       | Last 4 digits of account number                       | Basis for the claim: <u>vendor</u>                                  |              |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                          |              |
| 3.16  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$48,219.33  |
|       | BP Environmental Services Inc.                        | ☐ Contingent                                                        |              |
|       | 100 Highpoint Dr                                      | ☐ Unliquidated                                                      |              |
|       | Chalfont, PA 18914                                    | ☐ Disputed                                                          |              |
|       | Date(s) debt was incurred _                           | Basis for the claim: vendor                                         |              |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No ☐ Yes                          |              |
|       | _                                                     | is the dain subject to onset? — No 🗀 res                            |              |
| 3.17  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$12,619.80  |
|       | Budget Dumpster, Inc.                                 | ☐ Contingent                                                        |              |
|       | 830 Canterbury Rd                                     | ☐ Unliquidated                                                      |              |
|       | Westlake, OH 44145                                    | ☐ Disputed                                                          |              |
|       | Date(s) debt was incurred _                           | Basis for the claim: <u>vendor</u>                                  |              |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                          |              |
| 3.18  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$6,200.00   |
|       | BW Millwork                                           | ☐ Contingent                                                        |              |
|       | 6555 Skinners Turn Road                               | ☐ Unliquidated                                                      |              |
|       | Owings, MD 20736                                      | ☐ Disputed                                                          |              |
|       | Date(s) debt was incurred _                           | Basis for the claim: <b>vendor</b>                                  |              |
|       | Last 4 digits of account number                       |                                                                     |              |
|       | <u> </u>                                              | Is the claim subject to offset? ■ No □ Yes                          |              |
| 3.19  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$70,637.00  |
|       | C&D Plumbing                                          | ☐ Contingent                                                        |              |
|       | 135 Industrial Park Dr Ste A                          | ☐ Unliquidated                                                      |              |
|       | Hollister, MO 65672                                   | ☐ Disputed                                                          |              |
|       | Date(s) debt was incurred _                           | Basis for the claim: <u>vendor</u>                                  |              |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                          |              |
|       |                                                       | io the olain subject to onset: — NO 🛏 163                           |              |

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| Debto | - 1 = 11 = a = 0 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Case number (if known)                                              |             |  |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------|--|
| 3.20  | Name  Nonpriority creditor's name and mailing address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | As of the petition filing date, the claim is: Check all that apply. | \$12,402.27 |  |
|       | Casella Waste Management, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ☐ Contingent                                                        |             |  |
|       | PO Box 1372                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ☐ Unliquidated                                                      |             |  |
|       | Williston, VT 05495                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ☐ Disputed                                                          |             |  |
|       | Date(s) debt was incurred _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Basis for the claim: vendor                                         |             |  |
|       | Last 4 digits of account number _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Is the claim subject to offset? ■ No □ Yes                          |             |  |
| 3.21  | Nonpriority creditor's name and mailing address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | As of the petition filing date, the claim is: Check all that apply. | \$14,043.85 |  |
|       | Ceramic Technics Ltd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ☐ Contingent                                                        |             |  |
|       | 1298 Old Alpharetta Road                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ Unliquidated                                                      |             |  |
|       | Alpharetta, GA 30005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ Disputed                                                          |             |  |
|       | Date(s) debt was incurred _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Basis for the claim: <u>vendor</u>                                  |             |  |
|       | Last 4 digits of account number _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Is the claim subject to offset? ■ No □ Yes                          |             |  |
| 3.22  | Nonpriority creditor's name and mailing address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | As of the petition filing date, the claim is: Check all that apply. | \$921.79    |  |
|       | Citi Cards                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Contingent                                                        |             |  |
|       | PO BOX 9001016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ☐ Unliquidated                                                      |             |  |
|       | Louisville, KY 40290-1016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | □ Disputed                                                          |             |  |
|       | Date(s) debt was incurred _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Basis for the claim: business credit card                           |             |  |
|       | Last 4 digits of account number _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Is the claim subject to offset? ■ No □ Yes                          |             |  |
| 2.22  | Name is the conditions of the condition and the condition and the conditions are conditions and the conditions and the conditions are conditional architectures. | As of the petition filing date, the claim is: Check all that apply. | \$22,379.21 |  |
| 3.23  | Nonpriority creditor's name and mailing address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     | \$ZZ,379.Z1 |  |
|       | Citi Cards<br>PO BOX 9001016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Contingent                                                          |             |  |
|       | Louisville, KY 40290-1016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Unliquidated                                                        |             |  |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ☐ Disputed                                                          |             |  |
|       | Date(s) debt was incurred _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Basis for the claim: <u>credit card</u>                             |             |  |
|       | Last 4 digits of account number _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Is the claim subject to offset? ■ No □ Yes                          |             |  |
| 3.24  | Nonpriority creditor's name and mailing address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | As of the petition filing date, the claim is: Check all that apply. | \$7,701.02  |  |
|       | Clark Capital LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ☐ Contingent                                                        |             |  |
|       | 58 Revere Cir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ☐ Unliquidated                                                      |             |  |
|       | Ponte Vedra, FL 32081                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ☐ Disputed                                                          |             |  |
|       | Date(s) debt was incurred _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Basis for the claim: <u>vendor</u>                                  |             |  |
|       | Last 4 digits of account number _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Is the claim subject to offset? ■ No □ Yes                          |             |  |
| 3.25  | Nonpriority creditor's name and mailing address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | As of the petition filing date, the claim is: Check all that apply. | \$13,426.73 |  |
|       | Concord WP COL Greensboro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ☐ Contingent                                                        |             |  |
|       | 11410 Common Oaks Drive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ☐ Unliquidated                                                      |             |  |
|       | Raleigh, NC 27614                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ☐ Disputed                                                          |             |  |
|       | Date(s) debt was incurred _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Basis for the claim: Vendor                                         |             |  |
|       | Last 4 digits of account number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |             |  |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Is the claim subject to offset? ■ No ☐ Yes                          |             |  |
| 3.26  | Nonpriority creditor's name and mailing address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | As of the petition filing date, the claim is: Check all that apply. | \$125.30    |  |
|       | CR Laurence Co, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ Contingent                                                        |             |  |
|       | 2503 E Vernan Ave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ☐ Unliquidated                                                      |             |  |
|       | Los Angeles, CA 90058                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ☐ Disputed                                                          |             |  |
|       | Date(s) debt was incurred _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Basis for the claim: <u>vendor</u>                                  |             |  |
|       | Last 4 digits of account number _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Is the claim subject to offset? ■ No □ Yes                          |             |  |

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| Debtor | 712711 241141010, 11101                                        | Case number (if known)                                              |             |  |
|--------|----------------------------------------------------------------|---------------------------------------------------------------------|-------------|--|
| 3.27   | Name  Nonpriority creditor's name and mailing address          | As of the netition filling date, the claim is: Check all that apply | \$14,403.70 |  |
| 0.27   | Craftsman Upholstery LLC                                       |                                                                     | φ14,403.70  |  |
|        | 9108 Industry Dr. Suite B                                      | <del>_</del>                                                        |             |  |
|        | Manassas, VA 20111                                             |                                                                     |             |  |
|        |                                                                | ☐ Disputed                                                          |             |  |
|        | Date(s) debt was incurred _<br>Last 4 digits of account number | Basis for the claim: <u>vendor</u>                                  |             |  |
|        | Last 4 digits of account number _                              | Is the claim subject to offset? ■ No □ Yes                          |             |  |
| 3.28   | Nonpriority creditor's name and mailing address                | As of the petition filing date, the claim is: Check all that apply. | \$1,779.14  |  |
|        | Crawford Sprinkler Co. of Raleigh                              | ☐ Contingent                                                        |             |  |
|        | 2725 S. Saunders Street                                        | ☐ Unliquidated                                                      |             |  |
|        | Raleigh, NC 27603                                              | ☐ Disputed                                                          |             |  |
|        | Date(s) debt was incurred _                                    | -                                                                   |             |  |
|        | Last 4 digits of account number _                              | Is the claim subject to offset? ■ No □ Yes                          |             |  |
| 3.29   | Nonpriority creditor's name and mailing address                | As of the petition filing date, the claim is: Check all that apply. | \$10,610.00 |  |
|        | CSS Contractors, Inc.                                          | <u> </u>                                                            | ψ10,010100  |  |
|        | 5605-C General Washington Dr                                   |                                                                     |             |  |
|        | Alexandria, VA 22312                                           |                                                                     |             |  |
|        | Date(s) debt was incurred _                                    | •                                                                   |             |  |
|        | <del>-</del>                                                   | Basis for the claim: <u>Vendor</u>                                  |             |  |
|        | Last 4 digits of account number _                              | Is the claim subject to offset? ■ No □ Yes                          |             |  |
| 3.30   | Nonpriority creditor's name and mailing address                | As of the petition filing date, the claim is: Check all that apply. | \$23,853.25 |  |
|        | DALTILE                                                        | ☐ Contingent                                                        |             |  |
|        | 1601 Pratt Blvd.                                               | ☐ Unliquidated                                                      |             |  |
|        | Elk Grove Village, IL 60007                                    | ☐ Disputed                                                          |             |  |
|        | Date(s) debt was incurred _                                    | Basis for the claim: Vendor                                         |             |  |
|        | Last 4 digits of account number _                              | Is the claim subject to offset? ■ No □ Yes                          |             |  |
| 3.31   | Nonpriority creditor's name and mailing address                | As of the petition filing date, the claim is: Check all that apply. | \$7,833.67  |  |
|        | Daluca Equity Construction                                     | ☐ Contingent                                                        | . ,         |  |
|        | 800 W Central Rd suite 140                                     |                                                                     |             |  |
|        | Mount Prospect, IL 60056                                       |                                                                     |             |  |
|        | Date(s) debt was incurred _                                    |                                                                     |             |  |
|        | Last 4 digits of account number _                              |                                                                     |             |  |
|        |                                                                | is the dain subject to diset: — No 🚨 res                            |             |  |
| 3.32   | Nonpriority creditor's name and mailing address                | Contingent   Unliquidated   Disputed                                |             |  |
|        | Daniel Tile and Remodeling LLC                                 |                                                                     |             |  |
|        | c/o Humberto Daniel<br>3515 Austin Trail Lane                  |                                                                     |             |  |
|        | Plant City, FL 33565                                           | ☐ Disputed                                                          |             |  |
|        | Date(s) debt was incurred                                      | Basis for the claim: <u>vendor</u>                                  |             |  |
|        | <u>=</u>                                                       | Is the claim subject to offset? ■ No □ Yes                          |             |  |
|        | Last 4 digits of account number _                              | ·                                                                   |             |  |
| 3.33   | Nonpriority creditor's name and mailing address                | <u> </u>                                                            | \$200.00    |  |
|        | Digitline, Inc.                                                |                                                                     |             |  |
|        | 550 CREST AVE                                                  | <u> </u>                                                            |             |  |
|        | Elk Grove Village, IL 60007                                    | ☐ Disputed                                                          |             |  |
|        | Date(s) debt was incurred _                                    | Basis for the claim: vendor                                         |             |  |
|        | Last 4 digits of account number _                              | Is the claim subject to offset? ■ No □ Yes                          |             |  |

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| Debtor | ABAT Builders, Inc.                             | Case number (if known)                                               |             |  |  |  |
|--------|-------------------------------------------------|----------------------------------------------------------------------|-------------|--|--|--|
| 3.34   | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply.  | \$26,350.99 |  |  |  |
|        | DKJ Construction, Inc.                          | ☐ Contingent                                                         |             |  |  |  |
|        | 7340 N Nora Ave.                                | ☐ Unliquidated                                                       |             |  |  |  |
|        | Niles, IL 60714                                 | ☐ Disputed                                                           |             |  |  |  |
|        | Date(s) debt was incurred _                     | Basis for the claim: Vendor                                          |             |  |  |  |
|        | Last 4 digits of account number _               | Is the claim subject to offset? No                                   |             |  |  |  |
| 3.35   | Nonpriority creditor's name and mailing address | As of the petition filling date, the claim is: Check all that apply. | \$660.00    |  |  |  |
|        | Dolki Painting and Remodeling                   | ☐ Contingent                                                         |             |  |  |  |
|        | 6005 W. Belmont Ave                             | ☐ Unliquidated                                                       |             |  |  |  |
|        | Chicago, IL 60634                               | □ Disputed                                                           |             |  |  |  |
|        | Date(s) debt was incurred _                     | Basis for the claim: <b>vendor</b>                                   |             |  |  |  |
|        | Last 4 digits of account number _               | Is the claim subject to offset? ■ No □ Yes                           |             |  |  |  |
| 3.36   | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply.  | \$30 665 00 |  |  |  |
| 0.00   | Domozik Electrical Services                     | Contingent                                                           | ψου,ουσ.ου  |  |  |  |
|        | 1013 Leslie Dr                                  | ☐ Unliquidated                                                       |             |  |  |  |
|        | Fayetteville, NC 28314                          | ·                                                                    |             |  |  |  |
|        | •                                               | Disputed                                                             |             |  |  |  |
|        | Date(s) debt was incurred _                     | Basis for the claim: <u>vendor</u>                                   |             |  |  |  |
|        | Last 4 digits of account number _               | Is the claim subject to offset? ■ No □ Yes                           |             |  |  |  |
| 3.37   | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply.  | \$23,211.19 |  |  |  |
|        | Door Engineering Corp                           | ☐ Contingent                                                         |             |  |  |  |
|        | 1234 Ballentine Blvd                            | ☐ Unliquidated                                                       |             |  |  |  |
|        | Norfolk, VA 23504                               | ☐ Disputed                                                           |             |  |  |  |
|        | Date(s) debt was incurred _                     | Basis for the claim: <u>vendor</u>                                   |             |  |  |  |
|        | Last 4 digits of account number _               | Is the claim subject to offset? ■ No □ Yes                           |             |  |  |  |
| 3.38   | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply.  | \$15,000.00 |  |  |  |
|        | DTK Stone Works, Inc.                           | ☐ Contingent                                                         |             |  |  |  |
|        | 296 W Palatine Road                             | ☐ Unliquidated                                                       |             |  |  |  |
|        | Wheeling, IL 60090                              | ☐ Disputed                                                           |             |  |  |  |
|        | Date(s) debt was incurred _                     | Basis for the claim: Vendor_                                         |             |  |  |  |
|        | Last 4 digits of account number _               | Is the claim subject to offset? ■ No □ Yes                           |             |  |  |  |
| 3.39   | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply.  | \$554.27    |  |  |  |
|        | Ease Plumbing                                   | ☐ Contingent                                                         |             |  |  |  |
|        | 19109 W Catawba Ave Suite 110                   | ☐ Unliquidated                                                       |             |  |  |  |
|        | Cornelius, NC 28031                             | ☐ Disputed                                                           |             |  |  |  |
|        | Date(s) debt was incurred _                     | Basis for the claim: Vendor                                          |             |  |  |  |
|        | Last 4 digits of account number                 |                                                                      |             |  |  |  |
|        |                                                 | Is the claim subject to offset? ■ No □ Yes                           |             |  |  |  |
| 3.40   | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply.  | \$94,845.50 |  |  |  |
|        | Edge Electrical Systems LLC                     | ☐ Contingent                                                         |             |  |  |  |
|        | 1534 Brandy Parkway                             | ☐ Unliquidated                                                       |             |  |  |  |
|        | Streamwood, IL 60107                            | ☐ Disputed                                                           |             |  |  |  |
|        | Date(s) debt was incurred _                     | Basis for the claim: <u>vendor</u>                                   |             |  |  |  |
|        | Last 4 digits of account number _               | Is the claim subject to offset? ■ No □ Yes                           |             |  |  |  |

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| Debto | 712711 24114010, 11101                                | Case number (if known)                                               |              |
|-------|-------------------------------------------------------|----------------------------------------------------------------------|--------------|
| 3.41  | Name  Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply.  | \$1,127.74   |
|       | Fabricut, Inc.                                        | Contingent                                                           | Ψ1,121114    |
|       | PO BOX 470490                                         | ☐ Unliquidated                                                       |              |
|       | Tulsa, OK 74147-0490                                  | ☐ Disputed                                                           |              |
|       | Date(s) debt was incurred                             |                                                                      |              |
|       | Last 4 digits of account number                       | Basis for the claim: <u>Vendor</u>                                   |              |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                           |              |
| 3.42  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply.  | \$7,535.60   |
|       | Ferguson Enterprises, Inc.                            | ☐ Contingent                                                         |              |
|       | FEI 9005                                              | ☐ Unliquidated                                                       |              |
|       | PO BOX 100286                                         | ☐ Disputed                                                           |              |
|       | Atlanta, GA 30384-0286                                | Basis for the claim: Vendor                                          |              |
|       | Date(s) debt was incurred _                           |                                                                      |              |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                           |              |
| 3.43  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply.  | \$5,785.87   |
|       | Fifth Third Bank                                      | ☐ Contingent                                                         |              |
|       | Attn: Bankruptcy                                      | ☐ Unliquidated                                                       |              |
|       | 35 Fountain Square Plaza<br>Cincinnati, OH 45263      | ☐ Disputed                                                           |              |
|       |                                                       | Basis for the claim: credit card                                     |              |
|       | Date(s) debt was incurred _                           |                                                                      |              |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                           |              |
| 3.44  | Nonpriority creditor's name and mailing address       | As of the petition filling date, the claim is: Check all that apply. | \$700,000.00 |
|       | Fifth Third Bank                                      | ☐ Contingent                                                         |              |
|       | Attn: Bankruptcy 35 Fountain Square Plaza             | Unliquidated                                                         |              |
|       | Cincinnati, OH 45263                                  | ☐ Disputed                                                           |              |
|       |                                                       | Basis for the claim: Line of Credit                                  |              |
|       | Date(s) debt was incurred _                           | Is the claim subject to offset? ■ No □ Yes                           |              |
|       | Last 4 digits of account number _                     | is the dain subject to diset: — No 🗀 Tes                             |              |
| 3.45  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply.  | \$305,000.00 |
|       | Fifth Third Bank                                      | ☐ Contingent                                                         |              |
|       | Attn: Bankruptcy                                      | ☐ Unliquidated                                                       |              |
|       | 35 Fountain Square Plaza<br>Cincinnati, OH 45263      | ☐ Disputed                                                           |              |
|       | Date(s) debt was incurred                             | Basis for the claim: business credit card                            |              |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                           |              |
| 3.46  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply.  | \$10,450.87  |
|       | Foundation Building Materials                         | Contingent                                                           | , ,          |
|       | 2301 Windsor Ct Unit B                                | ☐ Unliquidated                                                       |              |
|       | Addison, IL 60101                                     | Disputed                                                             |              |
|       | Date(s) debt was incurred                             | Basis for the claim: <b>vendor</b>                                   |              |
|       | Last 4 digits of account number                       |                                                                      |              |
|       |                                                       | Is the claim subject to offset? ■ No □ Yes                           |              |
| 3.47  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply.  | \$2,323.06   |
|       | Garcia's Painting                                     | ☐ Contingent                                                         |              |
|       | 913 Virginia Beach Blvd                               | ☐ Unliquidated                                                       |              |
|       | Lot 126<br>Virginia Reach, VA 23451                   | ☐ Disputed                                                           |              |
|       | Virginia Beach, VA 23451                              | Basis for the claim: <b>vendor</b>                                   |              |
|       | Date(s) debt was incurred _                           |                                                                      |              |
|       | Last 4 digits of account number                       | Is the claim subject to offset? ■ No ☐ Yes                           |              |

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| Debto | 712711 24114616, 11161                                | Case number (if known)                                              |                                         |
|-------|-------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------|
| 3.48  | Name  Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. | \$7,200.00                              |
| 0.10  | GP Company Glass                                      | Contingent                                                          | Ψ1,200.00                               |
|       | 1183 Betty Drive                                      | _                                                                   |                                         |
|       | Lake Zurich, IL 60047                                 | ☐ Unliquidated                                                      |                                         |
|       | Date(s) debt was incurred _                           | ☐ Disputed                                                          |                                         |
|       | Last 4 digits of account number                       | Basis for the claim: <u>Vendor</u>                                  |                                         |
|       |                                                       | Is the claim subject to offset? ■ No ☐ Yes                          |                                         |
| 3.49  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$4,268.70                              |
|       | Grainger                                              | ☐ Contingent                                                        |                                         |
|       | DEPT. 825156813                                       | ☐ Unliquidated                                                      |                                         |
|       | Palatine, IL 60038-0001                               | ☐ Disputed                                                          |                                         |
|       | Date(s) debt was incurred _                           | Basis for the claim: Vendor                                         |                                         |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                          |                                         |
|       | 7                                                     | <u> </u>                                                            |                                         |
| 3.50  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$420.00                                |
|       | Harrell & Son Plumbing                                | ☐ Contingent                                                        |                                         |
|       | PO BOX 8213                                           | ☐ Unliquidated                                                      |                                         |
|       | Bonney Lake, WA 98390                                 | ☐ Disputed                                                          |                                         |
|       | Date(s) debt was incurred _                           | Basis for the claim: <b>vendor</b>                                  |                                         |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                          |                                         |
|       |                                                       |                                                                     |                                         |
| 3.51  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$62,210.60                             |
|       | Hays Electrical Services Inc.                         | ☐ Contingent                                                        |                                         |
|       | 5939 Albert Dr                                        | ☐ Unliquidated                                                      |                                         |
|       | Humble, TX 77396                                      | ☐ Disputed                                                          |                                         |
|       | Date(s) debt was incurred _                           | Basis for the claim: vendor                                         |                                         |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                          |                                         |
| 3.52  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$7,658.40                              |
|       | HD Supply Facilities Maintenance                      | ☐ Contingent                                                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|       | PO BOX 509058                                         | ☐ Unliquidated                                                      |                                         |
|       | San Diego, CA 92150-9058                              | ☐ Disputed                                                          |                                         |
|       | Date(s) debt was incurred _                           | Basis for the claim: Vendor                                         |                                         |
|       | Last 4 digits of account number _                     |                                                                     |                                         |
|       |                                                       | Is the claim subject to offset? ■ No ☐ Yes                          |                                         |
| 3.53  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$15,125.00                             |
|       | Highlands Framing                                     | ☐ Contingent                                                        |                                         |
|       | 4140 NE 11th St                                       | ☐ Unliquidated                                                      |                                         |
|       | Renton, WA 98059                                      | ☐ Disputed                                                          |                                         |
|       | Date(s) debt was incurred _                           | Basis for the claim: <b>vendor</b>                                  |                                         |
|       | Last 4 digits of account number _                     |                                                                     |                                         |
|       |                                                       | Is the claim subject to offset? ■ No □ Yes                          |                                         |
| 3.54  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$3,244.82                              |
|       | Home Depot Credit Services                            | ☐ Contingent                                                        |                                         |
|       | PO BOX 9001030                                        | ☐ Unliquidated                                                      |                                         |
|       | Louisville, KY 40290-1030                             | ☐ Disputed                                                          |                                         |
|       | Date(s) debt was incurred _                           | Basis for the claim: <b>credit card</b>                             |                                         |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No ☐ Yes                          |                                         |

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| Debto | 712711 24114010, 11101                                | Case number (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | f known)           |  |
|-------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--|
| 3.55  | Name  Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$100,000.00       |  |
| 0.00  | J&B Construction, Inc.                                | Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ψ100,000.00        |  |
|       | PO Box 373                                            | ☐ Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |  |
|       | Forsyth, MO 65653                                     | ☐ Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |  |
|       | Date(s) debt was incurred                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |  |
|       | Last 4 digits of account number                       | Basis for the claim: <u>Vendor</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |  |
|       |                                                       | Is the claim subject to offset? ■ No □ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |  |
| 3.56  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$33,250.00        |  |
|       | Jack Thomas Inc.                                      | ☐ Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ·                  |  |
|       | 38665 N Anderle Ave                                   | ☐ Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |  |
|       | Lake Villa, IL 60046                                  | Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |  |
|       | Date(s) debt was incurred _                           | Basis for the claim: <b>vendor</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |  |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |  |
|       |                                                       | is the claim subject to onset? — No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |  |
| 3.57  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$100.00           |  |
|       | Jeff City Filing                                      | ☐ Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |  |
|       | 222 EAST DUNKLIN, SUITE 102                           | ☐ Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |  |
|       | Jefferson City, MO 65101                              | ☐ Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |  |
|       | Date(s) debt was incurred _                           | Basis for the claim: <u>Vendor</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |  |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |  |
|       |                                                       | is the claim subject to onset: — No — Tes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |  |
| 3.58  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$4,738.57         |  |
|       | Kansai, Inc.                                          | ☐ Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |  |
|       | 3200 Marshall Drive                                   | ☐ Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |  |
|       | Amelia, OH 45102                                      | ☐ Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |  |
|       | Date(s) debt was incurred _                           | Basis for the claim: <b>vendor</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |  |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |  |
| 0.50  | 7                                                     | A control of the original to t | <b>*</b> 40.000.00 |  |
| 3.59  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$40,000.00        |  |
|       | Kevimeria Contractor LLC                              | Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |  |
|       | 3839 SW 339th St                                      | Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |  |
|       | Federal Way, WA 98023                                 | ☐ Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |  |
|       | Date(s) debt was incurred _                           | Basis for the claim: <u>vendor</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |  |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |  |
| 3.60  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$13,739.00        |  |
|       | KLM Mechanical Service                                | ☐ Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | , ,,               |  |
|       | 11216 DECIMAL DR                                      | ☐ Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |  |
|       | Louisville, KY 40299                                  | ☐ Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |  |
|       | Date(s) debt was incurred                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |  |
|       | Last 4 digits of account number                       | Basis for the claim: <u>vendor</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |  |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No ☐ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |  |
| 3.61  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$3,127.63         |  |
| L **  | Koroseal Interior Products LLC                        | Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ψ0,121.00          |  |
|       | 3875 Embassy Parkway Suite 110                        | ☐ Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |  |
|       | Fairlawn, OH 44333                                    | ☐ Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |  |
|       | Date(s) debt was incurred                             | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |  |
|       | Last 4 digits of account number                       | Basis for the claim: <u>vendor</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |  |
|       | Lust 4 digits of account nulliber _                   | Is the claim subject to offset? ■ No □ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |  |

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| Debto | 712711 24114010, 11101                                | Case number (if known)                                              |              |
|-------|-------------------------------------------------------|---------------------------------------------------------------------|--------------|
| 3.62  | Name  Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. | \$0.00       |
| 0.02  | Kyle Custom Flooring                                  | Contingent                                                          | ψ0.00        |
|       | 324 Beachley St #2                                    | _                                                                   |              |
|       | Meyersdale, PA 15552                                  | ☐ Unliquidated                                                      |              |
|       | Date(s) debt was incurred                             | ☐ Disputed                                                          |              |
|       | Last 4 digits of account number                       | Basis for the claim: <u>Vendor</u>                                  |              |
|       |                                                       | Is the claim subject to offset? ■ No □ Yes                          |              |
| 3.63  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$250,000.00 |
|       | Lukat LLC                                             | ☐ Contingent                                                        |              |
|       | 10700 W Higgins, Suite 350                            | ☐ Unliquidated                                                      |              |
|       | Des Plaines, IL 60018                                 | Disputed                                                            |              |
|       | Date(s) debt was incurred _                           | Basis for the claim: past due rent                                  |              |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                          |              |
|       |                                                       | is the claim subject to onset?  No  Tes                             |              |
| 3.64  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$39,594.47  |
|       | M S International Inc.                                | ☐ Contingent                                                        |              |
|       | 1441 JARVIS AVE.                                      | ☐ Unliquidated                                                      |              |
|       | Elk Grove Village, IL 60007                           | ☐ Disputed                                                          |              |
|       | Date(s) debt was incurred _                           | Basis for the claim: vendor                                         |              |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                          |              |
| -     |                                                       | is the claim subject to onset: — No — Tes                           |              |
| 3.65  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$2,500.00   |
|       | Magnum 18                                             | ☐ Contingent                                                        |              |
|       | 515 N. Harlem Unit 102                                | ☐ Unliquidated                                                      |              |
|       | Oak Park, IL 60302                                    | ☐ Disputed                                                          |              |
|       | Date(s) debt was incurred _                           | Basis for the claim: vendor                                         |              |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                          |              |
| 3.66  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$75,000.00  |
|       | Michael Caliendo                                      | Contingent                                                          | Ψ10,000.00   |
|       | 8953 Gloucester Road                                  | <u> </u>                                                            |              |
|       | Woodridge, IL 60517                                   | ☐ Unliquidated                                                      |              |
|       | Date(s) debt was incurred                             | ☐ Disputed                                                          |              |
|       | Last 4 digits of account number _                     | Basis for the claim: <u>IOan</u>                                    |              |
|       |                                                       | Is the claim subject to offset? ■ No ☐ Yes                          |              |
| 3.67  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$19,812.68  |
|       | Mobile Mini, Inc.                                     | ☐ Contingent                                                        |              |
|       | PO Box 650882                                         | ☐ Unliquidated                                                      |              |
|       | Dallas, TX 75265-0882                                 | ☐ Disputed                                                          |              |
|       | Date(s) debt was incurred _                           | Basis for the claim: vendor                                         |              |
|       | Last 4 digits of account number                       |                                                                     |              |
|       |                                                       | Is the claim subject to offset? ■ No □ Yes                          |              |
| 3.68  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$2,361.06   |
|       | Mohawk Industries                                     | ☐ Contingent                                                        |              |
|       | P.O. Box 12069                                        | ☐ Unliquidated                                                      |              |
|       | Calhoun, GA 30703-7002                                | ☐ Disputed                                                          |              |
|       | Date(s) debt was incurred _                           | Basis for the claim: Vendor                                         |              |
|       | Last 4 digits of account number _                     |                                                                     |              |
|       |                                                       | Is the claim subject to offset?                                     |              |

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| Debto | 712711 24114616, 11161                                                               | Case number (if known)                                              |                                                         |  |
|-------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------|--|
| 3.69  | Nonpriority creditor's name and mailing address  Nationwide Hospitality Plumbing LLC | As of the petition filing date, the claim is: Check all that apply. | \$5,534.14                                              |  |
|       | 4730 S Hwy A1A                                                                       | Contingent                                                          |                                                         |  |
|       | Melbourne Beach, FL 32951                                                            | ☐ Unliquidated                                                      |                                                         |  |
|       | ·                                                                                    | ☐ Disputed                                                          |                                                         |  |
|       | Date(s) debt was incurred _                                                          | Basis for the claim: <u>Vendor</u>                                  |                                                         |  |
|       | Last 4 digits of account number _                                                    | Is the claim subject to offset? ■ No ☐ Yes                          |                                                         |  |
| 3.70  | Nonpriority creditor's name and mailing address                                      | As of the petition filing date, the claim is: Check all that apply. | \$20,569.00                                             |  |
|       | Northwest Liquidators                                                                | ☐ Contingent                                                        |                                                         |  |
|       | 513 S. 2nd St.                                                                       | ☐ Unliquidated                                                      |                                                         |  |
|       | Yakima, WA 98902                                                                     | ☐ Disputed                                                          |                                                         |  |
|       | Date(s) debt was incurred _                                                          | Basis for the claim: vendor                                         |                                                         |  |
|       | Last 4 digits of account number _                                                    | Is the claim subject to offset? ■ No □ Yes                          |                                                         |  |
| 3.71  | Nonpriority creditor's name and mailing address                                      | As of the petition filing date, the claim is: Check all that apply. | \$3,990.00                                              |  |
|       | Pure Logistics Sales                                                                 | ☐ Contingent                                                        |                                                         |  |
|       | 337 Gateford Dr                                                                      | ☐ Unliquidated                                                      |                                                         |  |
|       | Ballwin, MO 63021                                                                    | ☐ Disputed                                                          | \$20,569.00<br>\$3,990.00<br>\$2,000.00<br>\$142,000.00 |  |
|       | Date(s) debt was incurred _                                                          | Basis for the claim: <u>vendor</u>                                  |                                                         |  |
|       | Last 4 digits of account number                                                      |                                                                     |                                                         |  |
|       |                                                                                      | Is the claim subject to offset? ■ No □ Yes                          |                                                         |  |
| 3.72  | Nonpriority creditor's name and mailing address                                      | As of the petition filing date, the claim is: Check all that apply. | \$2,000.00                                              |  |
|       | Randy Jackson Interior Painting                                                      | ☐ Contingent                                                        |                                                         |  |
|       | 2182 Joel Johnson Rd.                                                                | ☐ Unliquidated                                                      |                                                         |  |
|       | Lillington, NC 27546                                                                 | Disputed                                                            |                                                         |  |
|       | Date(s) debt was incurred _                                                          | Basis for the claim: <u>Vendor</u>                                  |                                                         |  |
|       | Last 4 digits of account number _                                                    | Is the claim subject to offset? ■ No ☐ Yes                          |                                                         |  |
|       | -                                                                                    | is the dain subject to onset? — No                                  |                                                         |  |
| 3.73  | Nonpriority creditor's name and mailing address                                      | As of the petition filing date, the claim is: Check all that apply. | \$142,000.00                                            |  |
|       | Range Electric                                                                       | ☐ Contingent                                                        |                                                         |  |
|       | PO BOX 1506                                                                          | ☐ Unliquidated                                                      |                                                         |  |
|       | Enumclaw, WA 98022                                                                   | ☐ Disputed                                                          |                                                         |  |
|       | Date(s) debt was incurred _                                                          | Basis for the claim: vendor                                         |                                                         |  |
|       | Last 4 digits of account number _                                                    | Is the claim subject to offset? ■ No ☐ Yes                          |                                                         |  |
| 3.74  | Nonpriority creditor's name and mailing address                                      | As of the petition filing date, the claim is: Check all that apply. | \$33,400.00                                             |  |
|       | RBM Plumbing Systems West Coast Inc                                                  | ☐ Contingent                                                        |                                                         |  |
|       | 100 Newspaper Way, Suite 105                                                         | ☐ Unliquidated                                                      |                                                         |  |
|       | Holly Springs, NC 27540                                                              | ☐ Disputed                                                          |                                                         |  |
|       | Date(s) debt was incurred _                                                          | Basis for the claim: vendor                                         |                                                         |  |
|       | Last 4 digits of account number _                                                    | Is the claim subject to offset? ■ No □ Yes                          |                                                         |  |
|       | 7                                                                                    |                                                                     |                                                         |  |
| 3.75  | Nonpriority creditor's name and mailing address                                      | As of the petition filing date, the claim is: Check all that apply. | \$65,199.98                                             |  |
|       | REM Consultants LLC                                                                  | ☐ Contingent                                                        |                                                         |  |
|       | 4409 North Opal Ave                                                                  | ☐ Unliquidated                                                      |                                                         |  |
|       | Norridge, IL 60706                                                                   | ☐ Disputed                                                          |                                                         |  |
|       | Date(s) debt was incurred _                                                          | Basis for the claim: vendor                                         |                                                         |  |
|       | Last 4 digits of account number _                                                    | Is the claim subject to offset? ■ No □ Yes                          |                                                         |  |

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| Debto | 712711 24114616, 11161                                | Case number (if known)                                              |                   |
|-------|-------------------------------------------------------|---------------------------------------------------------------------|-------------------|
| 3.76  | Name  Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. | \$72,250.00       |
| 0.70  | Rockford Ornamental Iron Inc.                         | Contingent                                                          | Ψ1 2,230.00       |
|       | 1817 Michigan Ave                                     | ☐ Unliquidated                                                      |                   |
|       | Rockford, IL 61102                                    | •                                                                   |                   |
|       | Date(s) debt was incurred _                           | ☐ Disputed                                                          |                   |
|       | Last 4 digits of account number                       | Basis for the claim: <u>Vendor</u>                                  |                   |
|       | Zaot 4 digito of docodin number _                     | Is the claim subject to offset? ■ No □ Yes                          |                   |
| 3.77  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$113,601.44      |
|       | Shaw Industries, Inc.                                 | ☐ Contingent                                                        |                   |
|       | P.O. BOX 203702                                       | ☐ Unliquidated                                                      |                   |
|       | Dallas, TX 75320-3702                                 | ☐ Disputed                                                          |                   |
|       | Date(s) debt was incurred _                           | Basis for the claim: <b>Vendor</b>                                  |                   |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                          |                   |
| 3.78  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$12,843.03       |
|       | State Systems Inc.                                    | Contingent                                                          | <b>V.2,0.0.00</b> |
|       | 1861 Vanderhorn Dr.                                   | ☐ Unliquidated                                                      |                   |
|       | TN 38143                                              |                                                                     |                   |
|       | Date(s) debt was incurred                             | ☐ Disputed                                                          |                   |
|       | Last 4 digits of account number                       | Basis for the claim: <u>vendor</u>                                  |                   |
| -     | Last + digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                          |                   |
| 3.79  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$950.00          |
|       | Steve Neely & Sons Wallcovering                       | ☐ Contingent                                                        |                   |
|       | 9219 Dawn Drive                                       | ☐ Unliquidated                                                      |                   |
|       | Georgetown, IN 47122-8917                             | Disputed                                                            |                   |
|       | Date(s) debt was incurred _                           | Basis for the claim: <b>vendor</b>                                  |                   |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                          |                   |
|       | 7                                                     | •                                                                   | <b>\$0.400.00</b> |
| 3.80  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$3,109.99        |
|       | Sunbelt Rentals                                       | Contingent                                                          |                   |
|       | P.O. BOX 409211                                       | ☐ Unliquidated                                                      |                   |
|       | Atlanta, GA 30384                                     | ☐ Disputed                                                          |                   |
|       | Date(s) debt was incurred _                           | Basis for the claim: vendor                                         |                   |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                          |                   |
| 3.81  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$49,387.09       |
|       | TGM Enterprises LLC                                   | ☐ Contingent                                                        |                   |
|       | 1356 Marcia Road                                      | ☐ Unliquidated                                                      |                   |
|       | Memphis, TN 38117                                     | ☐ Disputed                                                          |                   |
|       | Date(s) debt was incurred _                           | Basis for the claim: <b>Vendor</b>                                  |                   |
|       | Last 4 digits of account number _                     |                                                                     |                   |
|       |                                                       | Is the claim subject to offset? ■ No □ Yes                          |                   |
| 3.82  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply. | \$18,155.81       |
|       | The Sherwin Williams co.                              | ☐ Contingent                                                        |                   |
|       | 4201 N Milwaukee                                      | ☐ Unliquidated                                                      |                   |
|       | Chicago, IL 60641                                     | ☐ Disputed                                                          |                   |
|       | Date(s) debt was incurred _                           | Basis for the claim: <u>Vendor</u>                                  |                   |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                          |                   |
|       |                                                       | is the claim subject to onset: — NO 🗀 165                           |                   |

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| Debto | 712711 Daniao. 0, 11101                               | Case number (if known)                                               |              |
|-------|-------------------------------------------------------|----------------------------------------------------------------------|--------------|
| 3.83  | Name  Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply.  | \$14,407.88  |
|       | Thomas Freese                                         | Contingent                                                           | ψ, .σσο      |
|       | 257 Kretchman Farm Rd.                                | ☐ Unliquidated                                                       |              |
|       | Meyersdale, PA 15552                                  | ☐ Disputed                                                           |              |
|       | Date(s) debt was incurred _                           | Basis for the claim: Vendor                                          |              |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                           |              |
|       |                                                       | Is the claim subject to oπset? ■ No ☐ Yes                            |              |
| 3.84  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply.  | \$1,030.25   |
|       | United Fire Protection                                | ☐ Contingent                                                         |              |
|       | 3247 Tech Drive                                       | ☐ Unliquidated                                                       |              |
|       | Saint Petersburg, FL 33716                            | ☐ Disputed                                                           |              |
|       | Date(s) debt was incurred _                           | Basis for the claim: Vendor                                          |              |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                           |              |
| 3.85  | Nonpriority creditor's name and mailing address       | As of the petition filling date, the claim is: Check all that apply. | \$31,827.76  |
|       | United Rentals (North America)                        | ☐ Contingent                                                         |              |
|       | PO BOX 840514                                         | ☐ Unliquidated                                                       |              |
|       | Dallas, TX 75284-0151                                 | Disputed                                                             |              |
|       | Date(s) debt was incurred _                           | Basis for the claim: Vendor                                          |              |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                           |              |
|       |                                                       | is the daim subject to onset: — No D Tes                             |              |
| 3.86  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply.  | \$17,300.00  |
|       | Universal Electrical Services, Inc.                   | ☐ Contingent                                                         |              |
|       | 2490 Fairfax Lane                                     | ☐ Unliquidated                                                       |              |
|       | Lake in the Hills, IL 60156                           | ☐ Disputed                                                           |              |
|       | Date(s) debt was incurred _                           | Basis for the claim: <u>vendor</u>                                   |              |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No ☐ Yes                           |              |
| 3.87  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply.  | \$6,150.00   |
|       | US Storefront Glass and Mirrors Inc                   | ☐ Contingent                                                         | 1.,          |
|       | 611 W Vine St, Suite M                                | ☐ Unliquidated                                                       |              |
|       | Kissimmee, FL 34741                                   | ☐ Disputed                                                           |              |
|       | Date(s) debt was incurred _                           | Basis for the claim: Vendor                                          |              |
|       | Last 4 digits of account number _                     |                                                                      |              |
|       |                                                       | Is the claim subject to offset? ■ No ☐ Yes                           |              |
| 3.88  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply.  | \$1,020.00   |
|       | Vancouver Paint Group, Inc.                           | ☐ Contingent                                                         |              |
|       | 720 SE 160th Ave Suite                                | ☐ Unliquidated                                                       |              |
|       | Vancouver, WA 98684                                   | ☐ Disputed                                                           |              |
|       | Date(s) debt was incurred _                           | Basis for the claim: <b>Vendor</b>                                   |              |
|       | Last 4 digits of account number _                     |                                                                      |              |
|       |                                                       | Is the claim subject to offset? ■ No □ Yes                           |              |
| 3.89  | Nonpriority creditor's name and mailing address       | As of the petition filing date, the claim is: Check all that apply.  | \$111,764.99 |
|       | VMV Contracting, Inc.                                 | ☐ Contingent                                                         |              |
|       | 6722 Clarendon Hills Rd                               | ☐ Unliquidated                                                       |              |
|       | Darien, IL 60561                                      | Disputed                                                             |              |
|       | Date(s) debt was incurred _                           | Basis for the claim: <b>Vendor</b>                                   |              |
|       | Last 4 digits of account number _                     | Is the claim subject to offset? ■ No □ Yes                           |              |
|       |                                                       | .5 2.5 Gain Gabjoot to Groot. — 100 — 105                            |              |

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| Debto   | 7(2) (1                                                                                                                                                                              |                                 | Case nu         | mber (if known)                                        |                                         |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------|--------------------------------------------------------|-----------------------------------------|
| 2.00    | Name                                                                                                                                                                                 | A control of the control of the |                 |                                                        | <b>#0.005.00</b>                        |
| 3.90    | Nonpriority creditor's name and mailing address                                                                                                                                      |                                 | ing date, the   | e claim is: Check all that apply.                      | \$2,685.00                              |
|         | Western Express Forwarding<br>9900 FALLARD CT                                                                                                                                        | ☐ Contingent                    |                 |                                                        |                                         |
|         | Upper Marlboro, MD 20772                                                                                                                                                             | Unliquidated                    |                 |                                                        |                                         |
|         | ,                                                                                                                                                                                    | ☐ Disputed                      |                 |                                                        |                                         |
|         | Date(s) debt was incurred _                                                                                                                                                          | Basis for the claim:            | vendor          |                                                        |                                         |
|         | Last 4 digits of account number _                                                                                                                                                    | Is the claim subject to         | o offset?       | No ☐ Yes                                               |                                         |
| 3.91    | Nonpriority creditor's name and mailing address                                                                                                                                      | As of the petition fil          | ing date, the   | e claim is: Check all that apply.                      | \$48,114.90                             |
|         | Wiedenbach Brown Co.                                                                                                                                                                 | ☐ Contingent                    |                 |                                                        |                                         |
|         | 1025 Westchester Ave Suite LL01                                                                                                                                                      | □ Unliquidated                  |                 |                                                        |                                         |
|         | West Harrison, NY 10604                                                                                                                                                              | ☐ Disputed                      |                 |                                                        |                                         |
|         | Date(s) debt was incurred _                                                                                                                                                          | Basis for the claim:            | vendor          |                                                        |                                         |
|         | Last 4 digits of account number _                                                                                                                                                    | Is the claim subject to         |                 |                                                        |                                         |
|         |                                                                                                                                                                                      | <u> </u>                        |                 |                                                        |                                         |
| assig   | n alphabetical order any others who must be notified for onees of claims listed above, and attorneys for unsecured cred others need to be notified for the debts listed in Parts 1 a | ditors.                         |                 | ·                                                      | •                                       |
|         | Name and mailing address                                                                                                                                                             |                                 |                 | line in Part1 or Part 2 is the editor (if any) listed? | Last 4 digits of account number, if any |
| 4.1     | Thomas Payne                                                                                                                                                                         |                                 |                 |                                                        | •                                       |
|         | Fifth Third Bank                                                                                                                                                                     |                                 | Line <u>3.4</u> | <u>4</u>                                               | _                                       |
|         | 222 S Riverside Plaza                                                                                                                                                                |                                 | □ Not I         | isted. Explain                                         |                                         |
|         | Chicago, IL 60606                                                                                                                                                                    |                                 | <b>–</b> 11001  | isted. Explain                                         |                                         |
| Part 4  | Total Amounts of the Priority and Nonpriority                                                                                                                                        | Unsecured Claims                |                 |                                                        |                                         |
| 5. Add  | the amounts of priority and nonpriority unsecured claims                                                                                                                             | <b>5.</b>                       |                 |                                                        |                                         |
| 5a Tot  | al claims from Part 1                                                                                                                                                                |                                 | 5a.             | Total of claim amounts  \$ 117 937                     | 21                                      |
|         | tal claims from Part 2                                                                                                                                                               |                                 | 5b. <b>+</b>    | 117,307                                                |                                         |
|         |                                                                                                                                                                                      |                                 |                 | 4,103,007                                              |                                         |
| 5c. Tot | al of Parts 1 and 2                                                                                                                                                                  |                                 | _               | s 4,282,9                                              | 44 30                                   |
| Lin     | nes 5a + 5b = 5c.                                                                                                                                                                    |                                 | 5c.             | \$ 4,282,9                                             |                                         |

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|           |                                                                                 | Document                     | Page 37 of 60                                                                            |                                      |
|-----------|---------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------|--------------------------------------|
| Fill in t | this information to identify the case:                                          |                              |                                                                                          |                                      |
| Debtor    | name ABAT Builders, Inc.                                                        |                              |                                                                                          |                                      |
| United    | States Bankruptcy Court for the: NOF                                            | RTHERN DISTRICT OF ILL       | LINOIS                                                                                   |                                      |
| Case n    | umber (if known)                                                                |                              |                                                                                          |                                      |
|           |                                                                                 |                              |                                                                                          | ☐ Check if this is an amended filing |
| Offic     | ial Form 206G                                                                   |                              |                                                                                          |                                      |
| Sche      | edule G: Executory C                                                            | ontracts and l               | Jnexpired Leases                                                                         | 12/15                                |
| Be as c   | omplete and accurate as possible. If                                            | more space is needed, c      | opy and attach the additional page, nu                                                   | mber the entries consecutively.      |
|           |                                                                                 | ith the debtor's other sched | titles. There is nothing else to report on the es are listed on Schedule A/B: Assets - F |                                      |
| 2. List   | all contracts and unexpired leas                                                | ses                          | State the name and mailing add whom the debtor has an execute lease                      |                                      |
| 2.1.      | State what the contract or lease is for and the nature of the debtor's interest | 2021 Jeep Wrangler           |                                                                                          |                                      |
|           | State the term remaining                                                        |                              | Ally Financial<br>Attn: Bankruptcy Dept                                                  |                                      |
|           | List the contract number of any government contract                             |                              | Po Box 380901<br>Bloomington, MN 55438                                                   |                                      |
| 2.2.      | State what the contract or lease is for and the nature of the debtor's interest | Lease for Debtor's office    |                                                                                          |                                      |
|           | State the term remaining                                                        |                              | Lukat LLC                                                                                |                                      |
|           | List the contract number of any government contract                             |                              | 10700 W Higgins, Suite 350<br>Des Plaines, IL 60018                                      |                                      |

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|            |                               |                     | Document             | raye so            | 01 00                                                |                                                  |
|------------|-------------------------------|---------------------|----------------------|--------------------|------------------------------------------------------|--------------------------------------------------|
| Fill in th | is information to identify    | the case:           |                      |                    |                                                      |                                                  |
| Debtor n   | ame ABAT Builders,            | Inc.                |                      |                    |                                                      |                                                  |
| United S   | tates Bankruptcy Court for    | the: NORTHER        | N DISTRICT OF I      | LLINOIS            |                                                      |                                                  |
| Case nu    | mber (if known)               |                     |                      |                    |                                                      |                                                  |
|            |                               |                     |                      |                    |                                                      | ☐ Check if this is an amended filing             |
| Offici     | al Form 206H                  |                     |                      |                    |                                                      |                                                  |
| Sche       | dule H: Your C                | odebtors            |                      |                    |                                                      | 12/15                                            |
|            |                               | ossible. If more    | space is needed,     | copy the Addition  | nal Page, numbering the er                           | tries consecutively. Attach the                  |
|            | al Page to this page.         | -0                  |                      |                    |                                                      |                                                  |
|            | o you have any codebtors      |                     |                      |                    |                                                      |                                                  |
| ■ No. C    | check this box and submit the | his form to the cou | urt with the debtor' | s other schedules. | Nothing else needs to be rep                         | ported on this form.                             |
|            |                               |                     |                      |                    | r any debts listed by the de                         |                                                  |
|            |                               |                     |                      |                    | ditor, list each creditor separa  Column 2: Creditor | debt is owed and each schedule tely in Column 2. |
|            | Column 1: Codebtor            |                     |                      |                    | Column 2: Creditor                                   |                                                  |
|            | Name                          | Mailing Addre       | ee.                  |                    | Name                                                 | Check all schedules                              |
| 2.1        | Name                          | Mailing Addre       | :55                  |                    | Name                                                 | that apply:                                      |
| 2.1        |                               | Street              |                      |                    | _                                                    | □ D<br>□ E/F                                     |
|            |                               |                     |                      |                    | _                                                    | □G                                               |
|            |                               | City                | State                | Zip Code           | _                                                    |                                                  |
| 2.2        |                               |                     |                      |                    |                                                      | □ D                                              |
|            |                               | Street              |                      |                    |                                                      | <br>□ E/F<br>□ G                                 |
|            |                               | City                | Ctoto                | 7in Codo           | _<br>_                                               | Ц                                                |
|            |                               | City                | State                | Zip Code           |                                                      |                                                  |
| 2.3        |                               |                     |                      |                    | _                                                    | D_                                               |
|            |                               | Street              |                      |                    |                                                      | □ E/F<br>□ G                                     |
|            |                               | City                | State                | Zip Code           |                                                      |                                                  |
| 2.4        |                               |                     |                      |                    |                                                      | По                                               |
| 2.4        |                               | Street              |                      |                    | _                                                    | D                                                |
|            |                               |                     |                      |                    | _                                                    | □G                                               |
|            |                               | City                | State                | Zip Code           | _                                                    |                                                  |

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|         | in this information to identify the case:                                                                                                                                                                                         |                                                |                                                                      |                             |                                                                   |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------|
|         | abat Builders, Inc.                                                                                                                                                                                                               |                                                |                                                                      | -                           |                                                                   |
| Unit    | ted States Bankruptcy Court for the: NORTHERN DIS                                                                                                                                                                                 | TRICT OF ILLINOIS                              |                                                                      | -                           |                                                                   |
| Cas     | se number (if known)                                                                                                                                                                                                              |                                                |                                                                      |                             | Check if this is an amended filing                                |
|         |                                                                                                                                                                                                                                   |                                                |                                                                      |                             |                                                                   |
|         | ficial Form 207                                                                                                                                                                                                                   |                                                |                                                                      |                             |                                                                   |
| The     | atement of Financial Affairs for I debtor must answer every question. If more space is the debtor's name and case number (if known).                                                                                              |                                                |                                                                      |                             | 04/22<br>any additional pages,                                    |
| Par     | t 1: Income                                                                                                                                                                                                                       |                                                |                                                                      |                             |                                                                   |
| 1. (    | Gross revenue from business                                                                                                                                                                                                       |                                                |                                                                      |                             |                                                                   |
|         | ☐ None.                                                                                                                                                                                                                           |                                                |                                                                      |                             |                                                                   |
|         | Identify the beginning and ending dates of the deb which may be a calendar year                                                                                                                                                   | tor's fiscal year,                             | Sources of revenue<br>Check all that apply                           |                             | Gross revenue<br>(before deductions and<br>exclusions)            |
|         | From the beginning of the fiscal year to filing                                                                                                                                                                                   | j date:                                        | Operating a business                                                 |                             | \$14,118,022.35                                                   |
|         | From 1/01/2023 to Filing Date                                                                                                                                                                                                     |                                                | Other                                                                |                             |                                                                   |
|         |                                                                                                                                                                                                                                   |                                                |                                                                      |                             |                                                                   |
|         | For prior year:<br>From 1/01/2022 to 12/31/2022                                                                                                                                                                                   |                                                | Operating a business                                                 |                             | \$14,617,658.43                                                   |
|         | 110III 170112022 (0 1210112022                                                                                                                                                                                                    |                                                | Other                                                                |                             |                                                                   |
|         | For year before that:                                                                                                                                                                                                             |                                                | Operating a business                                                 |                             | \$10,174,517.00                                                   |
|         | From 1/01/2021 to 12/31/2021                                                                                                                                                                                                      |                                                | ☐ Other                                                              |                             |                                                                   |
| I       | Non-business revenue nclude revenue regardless of whether that revenue is ta and royalties. List each source and the gross revenue fo                                                                                             |                                                |                                                                      |                             | ney collected from lawsuits                                       |
|         | ■ None.                                                                                                                                                                                                                           |                                                |                                                                      |                             |                                                                   |
|         |                                                                                                                                                                                                                                   |                                                | Description of sources of                                            | f revenue                   | Gross revenue from each source (before deductions and exclusions) |
| Par     | t 2: List Certain Transfers Made Before Filing for                                                                                                                                                                                | Bankruptcy                                     |                                                                      |                             |                                                                   |
| L<br>fi | Certain payments or transfers to creditors within 90 ist payments or transfers—including expense reimburse illing this case unless the aggregate value of all property and every 3 years after that with respect to cases filed o | ementsto any credito<br>transferred to that co | or, other than regular employed<br>reditor is less than \$7,575. (Th |                             |                                                                   |
|         | ☐ None.                                                                                                                                                                                                                           |                                                |                                                                      |                             |                                                                   |
|         | Creditor's Name and Address                                                                                                                                                                                                       | Dates                                          | Total amount of value                                                | Reasons fo<br>Check all tha | r payment or transfer                                             |
|         |                                                                                                                                                                                                                                   |                                                |                                                                      | OHECK all till              | ат аррту                                                          |

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Debtor ABAT Builders, Inc. Case number (if known)

| Cred                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ditor's Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                                                                                                                                        | Total amount of value                                                                                                                                                                                                                                                     | Reasons for pay<br>Check all that app                                                                                                                          | ment or transfer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| 3.1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Fifth Third Bank<br>Attn: Bankruptcy<br>35 Fountain Square Plaza<br>Cincinnati, OH 45263                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 06/29/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$50,000.00                                                                                                                                                                                                                                                               | □ Secured debt ■ Unsecured loa □ Suppliers or ve □ Services □ Other                                                                                            | an repayments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 3.2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Michael Caliendo<br>8953 Gloucester Road<br>Woodridge, IL 60517                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 08/31 -<br>09/15/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$50,000.00                                                                                                                                                                                                                                                               | ☐ Secured debt ☐ Unsecured loa ☐ Suppliers or vo ☐ Services ☐ Other                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| 3.3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Fifth Third Bank<br>Attn: Bankruptcy<br>35 Fountain Square Plaza<br>Cincinnati, OH 45263                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 07/21 -<br>09/21/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$658,991.35                                                                                                                                                                                                                                                              | ☐ Secured debt ☐ Unsecured loa ☐ Suppliers or vi ☐ Services ☐ Other                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3.4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Citicards<br>PO BOX 20483<br>Kansas City, MO 64195                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 08/3 -<br>09/1/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$10,957.51                                                                                                                                                                                                                                                               | ☐ Secured debt ☐ Unsecured loa ☐ Suppliers or vo                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                   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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ist pa<br>or cosi<br>nay bo<br>sted i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ents or other transfers of property manyments or transfers, including expense in igned by an insider unless the aggregate eadjusted on 4/01/25 and every 3 years in line 3. <i>Insiders</i> include officers, director and their relatives; affiliates of the debtorne.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | eimbursements, made within 1 y<br>evalue of all property transferred<br>after that with respect to cases firs, and anyone in control of a con | ear before filing this case of<br>to or for the benefit of the ir<br>led on or after the date of a<br>porate debtor and their rela                                                                                                                                        | ☐ Services ☐ Other  y insider n debts owed to an insider is less than \$7 idjustment.) Do not instives; general partner                                        | nsider or guarantee<br>7,575. (This amoun<br>nclude any paymer<br>ers of a partnership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ist pa<br>or cosi<br>nay be<br>sted i<br>lebtor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | syments or transfers, including expense in igned by an insider unless the aggregate e adjusted on 4/01/25 and every 3 years in line 3. <i>Insiders</i> include officers, director and their relatives; affiliates of the debtorne.  der's name and address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | eimbursements, made within 1 y<br>evalue of all property transferred<br>after that with respect to cases firs, and anyone in control of a con | ear before filing this case of<br>to or for the benefit of the ir<br>led on or after the date of a<br>porate debtor and their rela                                                                                                                                        | ☐ Services ☐ Other  y insider n debts owed to an insider is less than \$7 idjustment.) Do not instives; general partner the debtor. 11 U.S.C                   | nsider or guarantee<br>7,575. (This amoun<br>nclude any paymer<br>ers of a partnership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ist particular cosinay be sted i lebtor  Insie Relace Reposist all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | syments or transfers, including expense in the igned by an insider unless the aggregate adjusted on 4/01/25 and every 3 years in line 3. <i>Insiders</i> include officers, director and their relatives; affiliates of the debtorne.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | reimbursements, made within 1 ye value of all property transferred after that with respect to cases firs, and anyone in control of a color and insiders of such affiliates; a   Dates  I by a creditor within 1 year befor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ear before filing this case of to or for the benefit of the ir led on or after the date of a porate debtor and their reland any managing agent of  Total amount of value  e filing this case, including p                                                                 | ☐ Services ☐ Other  y insider n debts owed to an insider is less than \$7 idjustment.) Do not instives; general partner the debtor. 11 U.S.C.  Reasons for pay | nsider or guaranter<br>7,575. (This amoun<br>roclude any paymer<br>ers of a partnership<br>C. § 101(31).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ist paor cosinay be sted i lebtor  Inside Relaced ist all a force on the lebtor of the | syments or transfers, including expense in igned by an insider unless the aggregate e adjusted on 4/01/25 and every 3 years in line 3. <i>Insiders</i> include officers, director and their relatives; affiliates of the debtorne.  In include officers affiliates of the debtorne.  In include officers affiliates of the debtorne.  In including the debtor and returns are property of the debtor that was obtained closure sale, transferred by a deed in lieutone.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | reimbursements, made within 1 ye value of all property transferred after that with respect to cases firs, and anyone in control of a color and insiders of such affiliates; a   Dates  I by a creditor within 1 year befor a of foreclosure, or returned to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ear before filing this case of to or for the benefit of the ir led on or after the date of a porate debtor and their reland any managing agent of  Total amount of value  e filing this case, including perseller. Do not include property                                | Services Other                                                                                                                                                 | nsider or guaranter<br>7,575. (This amoun<br>roclude any paymer<br>ers of a partnership<br>c. § 101(31).<br>rment or transfer<br>d by a creditor, sol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ist paor cosinay be sted i lebtor  Inside Relaced ist all a force on the lebtor of the | syments or transfers, including expense in igned by an insider unless the aggregate e adjusted on 4/01/25 and every 3 years in line 3. <i>Insiders</i> include officers, director and their relatives; affiliates of the debtorne.  In included the include officers and their relatives affiliates of the debtorne.  In include the include officers and returns are and address attionship to debtor and returns are property of the debtor that was obtained closure sale, transferred by a deed in lieur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | reimbursements, made within 1 ye value of all property transferred after that with respect to cases firs, and anyone in control of a color and insiders of such affiliates; a   Dates  I by a creditor within 1 year befor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ear before filing this case of to or for the benefit of the ir led on or after the date of a porate debtor and their reland any managing agent of  Total amount of value  e filing this case, including perseller. Do not include property                                | ☐ Services ☐ Other  y insider n debts owed to an insider is less than \$7 idjustment.) Do not instives; general partner the debtor. 11 U.S.C.  Reasons for pay | nsider or guaranter<br>7,575. (This amoun<br>nclude any paymer<br>ers of a partnership<br>C. § 101(31).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ist pa<br>or cosi<br>nay bi<br>sted i<br>lebtor<br>No<br>Insi<br>Rela<br>Repos<br>ist all<br>fored<br>Cred                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | syments or transfers, including expense in igned by an insider unless the aggregate e adjusted on 4/01/25 and every 3 years in line 3. <i>Insiders</i> include officers, director and their relatives; affiliates of the debtor one.  In include officers include officers, director and their relatives; affiliates of the debtor one.  In include officers include officers, director and their relatives; affiliates of the debtor one.  In include officers include officers, director and their relatives; affiliates of the debtor one.  In including expense in including | reimbursements, made within 1 ye value of all property transferred after that with respect to cases firs, and anyone in control of a color and insiders of such affiliates; a Dates  Dates  Describe of the Property  Institution, that within 90 days before a color and that within 90 days before the property of the property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ear before filing this case of to or for the benefit of the ir led on or after the date of a porate debtor and their reland any managing agent of  Total amount of value  e filing this case, including perseller. Do not include property or filing this case set off or | ☐ Services ☐ Other                                                                                                                                             | nsider or guarante 7,575. (This amour nclude any paymeters of a partnership 2. § 101(31).  The ment or transfer d by a creditor, solution of propertical control of the con |
| ist pa<br>or cosinay bo<br>sted i i<br>lebtor  No  Insie Rela  Repos ist all forec  Crec  Setoff ist an f the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | syments or transfers, including expense in igned by an insider unless the aggregate endiusted on 4/01/25 and every 3 years in line 3. <i>Insiders</i> include officers, director and their relatives; affiliates of the debtor one.  In it is a second of the debtor of the debtor one.  In it is a second of the debtor of | reimbursements, made within 1 ye value of all property transferred after that with respect to cases firs, and anyone in control of a color and insiders of such affiliates; a Dates  Dates  Describe of the Property  Institution, that within 90 days before a color and that within 90 days before the property of the property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ear before filing this case of to or for the benefit of the ir led on or after the date of a porate debtor and their reland any managing agent of  Total amount of value  e filing this case, including perseller. Do not include property or filing this case set off or | ☐ Services ☐ Other                                                                                                                                             | nsider or guarante 7,575. (This amour nclude any paymeters of a partnership 2. § 101(31).  The ment or transfer d by a creditor, solution of propertical control of the con |

Part 3: Legal Actions or Assignments

| De  | ebtor   | ABAT Builders, Inc.                                                                                                                         |                                                                                                | Case number (                                   | (if known)             |                          |
|-----|---------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------|--------------------------|
|     | List th | actions, administrative proceedings, e legal actions, proceedings, investigatic capacity—within 1 year before filing this                   | ons, arbitrations, mediation                                                                   |                                                 |                        | e debtor was involved    |
|     | ■ N     | one.                                                                                                                                        |                                                                                                |                                                 |                        |                          |
|     |         | Case title<br>Case number                                                                                                                   | Nature of case                                                                                 | Court or agency's name a address                | and Status of o        | case                     |
| 8.  | List ar | nments and receivership ny property in the hands of an assignee f er, custodian, or other court-appointed o                                 |                                                                                                |                                                 | g this case and any pr | operty in the hands of a |
|     | ■ N     | one                                                                                                                                         |                                                                                                |                                                 |                        |                          |
| Pa  | rt 4:   | Certain Gifts and Charitable Contrib                                                                                                        | utions                                                                                         |                                                 |                        |                          |
| 9.  |         | Il gifts or charitable contributions the fts to that recipient is less than \$1,000                                                         |                                                                                                | nt within 2 years before filing                 | this case unless the   | aggregate value of       |
|     | ■ N     | •                                                                                                                                           |                                                                                                |                                                 |                        |                          |
|     |         | Recipient's name and address                                                                                                                | Description of the gift                                                                        | s or contributions                              | Dates given            | Value                    |
|     |         |                                                                                                                                             |                                                                                                |                                                 |                        |                          |
|     | rt 5:   | Certain Losses                                                                                                                              |                                                                                                |                                                 |                        |                          |
| 10. | All los | sses from fire, theft, or other casualty                                                                                                    | within 1 year before filin                                                                     | g this case.                                    |                        |                          |
|     | ■ N     | one                                                                                                                                         |                                                                                                |                                                 |                        |                          |
|     |         | cription of the property lost and                                                                                                           | Amount of payments                                                                             | received for the loss                           | Dates of loss          | Value of property lost   |
|     | 1101    | The loss cocurred                                                                                                                           | If you have received payme example, from insurance, gotort liability, list the total received. | government compensation, or                     |                        | 1000                     |
|     |         |                                                                                                                                             | List unpaid claims on Office<br>A/B: Assets – Real and Pe                                      | ial Form 106A/B (Schedule<br>ersonal Property). |                        |                          |
| Pa  | rt 6:   | Certain Payments or Transfers                                                                                                               |                                                                                                |                                                 |                        |                          |
|     | List ar | ents related to bankruptcy by payments of money or other transfers case to another person or entity, including or filing a bankruptcy case. |                                                                                                |                                                 |                        |                          |
|     | ПΝ      | one.                                                                                                                                        |                                                                                                |                                                 |                        |                          |
|     |         | Who was paid or who received the transfer? Address                                                                                          | If not money, descr                                                                            | ibe any property transferred                    | Dates                  | Total amount or value    |
|     | 11.1    | Law Offices of David Freydin<br>8707 Skokie Blvd                                                                                            |                                                                                                |                                                 |                        |                          |
|     |         | Suite 305<br>Skokie, IL 60077                                                                                                               | Attorney Fees ret                                                                              | ainer                                           | 09/12/2023             | \$10,000.00              |
|     |         | Email or website address david.freydin@freydinlaw.com                                                                                       | <u> </u>                                                                                       |                                                 |                        |                          |
|     |         | Who made the payment, if not deb                                                                                                            | otor?                                                                                          |                                                 |                        |                          |
|     |         |                                                                                                                                             |                                                                                                |                                                 |                        |                          |

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### 12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Document Page 42 of 60 Case number (if known) Debtor ABAT Builders, Inc. Do not include transfers already listed on this statement. None. Name of trust or device Describe any property transferred **Dates transfers** Total amount or were made value 13. Transfers not already listed on this statement List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement. None. Who received transfer? Description of property transferred or Date transfer Total amount or Address payments received or debts paid in exchange was made value Part 7: Previous Locations 14. Previous addresses List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used. Does not apply **Address Dates of occupancy** From-To Part 8: Health Care Bankruptcies 15. Health Care bankruptcies Is the debtor primarily engaged in offering services and facilities for: - diagnosing or treating injury, deformity, or disease, or - providing any surgical, psychiatric, drug treatment, or obstetric care? No. Go to Part 9. Yes. Fill in the information below. Facility name and address Nature of the business operation, including type of services If debtor provides meals and housing, number of the debtor provides patients in debtor's care Part 9: Personally Identifiable Information 16. Does the debtor collect and retain personally identifiable information of customers? No. Yes. State the nature of the information collected and retained. 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit? П No. Go to Part 10. Yes. Does the debtor serve as plan administrator? ■ No Go to Part 10. ☐ Yes. Fill in below:

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

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| Debtor | ABAT Builders, Inc. | Case number (if known) |
|--------|---------------------|------------------------|
|--------|---------------------|------------------------|

|  | 18. | Closed | financial | accounts |
|--|-----|--------|-----------|----------|
|--|-----|--------|-----------|----------|

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

|       | Financial Institution name and Address                             | Last 4 digits of account number | Type of account or instrument                           | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balance<br>before closing or<br>transfer |
|-------|--------------------------------------------------------------------|---------------------------------|---------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|
| 18.1. | Us Bank<br>Attn: Bankruptcy<br>Po Box 5229<br>cincinnati, OH 45201 | XXXX-                           | ☐ Checking ■ Savings ☐ Money Market ☐ Brokerage ☐ Other | 09/15/2023                                                    | \$16,000.00                                   |
| 18.2. | Morgan Stanley Investments                                         | XXXX-                           | ☐ Checking ☐ Savings ☐ Money Market ■ Brokerage ☐ Other | March 2023                                                    | \$300,000.00                                  |

#### 19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

| Depository institution name and address | Names of anyone with | Description of the contents | Does debtor    |
|-----------------------------------------|----------------------|-----------------------------|----------------|
|                                         | access to it         |                             | still have it? |
|                                         | Address              |                             |                |

### 20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address

Names of anyone with access to it

Description of the contents still have it?

### Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

### 21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

### Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a

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| Del          | otor        | AB             | AT Builders, Inc.                                                                                         | Document                   | Page 44 o           | f 60<br>Case number (if known)                                    |                       |
|--------------|-------------|----------------|-----------------------------------------------------------------------------------------------------------|----------------------------|---------------------|-------------------------------------------------------------------|-----------------------|
|              |             |                | ·                                                                                                         |                            |                     |                                                                   |                       |
|              | simila      | arly h         | armful substance.                                                                                         |                            |                     |                                                                   |                       |
| Rep          | ort al      | l not          | ces, releases, and proceedings                                                                            | known, regardless of       | when they occurre   | ed.                                                               |                       |
| 22.          | Has         | the c          | lebtor been a party in any judici                                                                         | al or administrative pro   | oceeding under an   | y environmental law? Include settl                                | ements and orders.    |
|              | _           | No.<br>Yes.    | Provide details below.                                                                                    |                            |                     |                                                                   |                       |
|              |             | e titl<br>e nu | e<br>mber                                                                                                 | Court or agen              | cy name and         | Nature of the case                                                | Status of case        |
|              | enviro<br>— |                | overnmental unit otherwise not<br>ental law?                                                              | ified the debtor that the  | e debtor may be lia | ble or potentially liable under or i                              | n violation of an     |
|              |             | No.<br>Yes.    | Provide details below.                                                                                    |                            |                     |                                                                   |                       |
|              | Site        | nam            | e and address                                                                                             | Governmenta address        | I unit name and     | Environmental law, if known                                       | Date of notice        |
| 24. <b>l</b> | Has th      | he de          | btor notified any governmental                                                                            | unit of any release of I   | nazardous materia   | l?                                                                |                       |
|              | _           | No.<br>Yes.    | Provide details below.                                                                                    |                            |                     |                                                                   |                       |
|              | Site        | nam            | e and address                                                                                             | Governmenta address        | I unit name and     | Environmental law, if known                                       | Date of notice        |
| Par          | t 13:       | Det            | ails About the Debtor's Busines                                                                           | ss or Connections to A     | ny Business         |                                                                   |                       |
| ı            | List ar     | ny bu          | nesses in which the debtor has<br>siness for which the debtor was a<br>information even if already listed | n owner, partner, membe    |                     | erson in control within 6 years before                            | filing this case.     |
|              | ■ N         | one            |                                                                                                           |                            |                     |                                                                   |                       |
| E            | Busin       | ess r          | name address                                                                                              | Describe the nature        | of the business     | Employer Identification num<br>Do not include Social Security num |                       |
|              |             |                |                                                                                                           |                            |                     | Dates business existed                                            |                       |
|              | 26a. L      |                | •                                                                                                         | ho maintained the debto    | r's books and recor | ds within 2 years before filing this ca                           | se.                   |
|              | Nan         | ne ar          | d address                                                                                                 |                            |                     |                                                                   | rom-To                |
|              | 26a         | .1.            | Cray Kaiser Ltd.<br>1901 S Meyers Road, Suite<br>Villa Park, IL 60181                                     | 230                        |                     |                                                                   | 018 - present         |
| 2            |             |                | firms or individuals who have aud 2 years before filing this case.                                        | dited, compiled, or reviev | wed debtor's books  | of account and records or prepared                                | a financial statement |
|              | ı           | ■ No           | ne                                                                                                        |                            |                     |                                                                   |                       |
| 2            | 26c. L      | ist al         | firms or individuals who were in p                                                                        | possession of the debtor   | 's books of account | and records when this case is filed.                              |                       |
|              | ı           | ■ No           | ne                                                                                                        |                            |                     |                                                                   |                       |
|              | Nan         | ne ar          | nd address                                                                                                |                            |                     | If any books of account and re                                    | ecords are            |

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial

unavailable, explain why

Document Page 45 of 60 Debtor Case number (if known) ABAT Builders, Inc. statement within 2 years before filing this case. None Name and address 27. Inventories Have any inventories of the debtor's property been taken within 2 years before filing this case? Yes. Give the details about the two most recent inventories. Name of the person who supervised the taking of the Date of inventory The dollar amount and basis (cost, market, inventory or other basis) of each inventory 28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case. Address Position and nature of any % of interest, if interest any 5212 Brown St. **President** 100 **Anthony Czupryna** Skokie, IL 60077 29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions? No Yes. Identify below. Address Position and nature of any Period during which Name interest position or interest was held 8329 Sailing Loop Shareholder, 58.30% 1986 - 2021 Antoni Czupryna Lakewood Ranch, FL 34202 owner 30. Payments, distributions, or withdrawals credited or given to insiders Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised? No Yes. Identify below. Name and address of recipient Amount of money or description and value of Reason for **Dates** providing the value property 30.1 Anthony Czupryna 09/26/2022 -5212 Brown St. \$132,000 09/26/2023 Salary Skokie, IL 60077 Relationship to debtor Owner 30.2 Antoni Czupryna 09/22/22 -8329 Sailing Loop \$56,000 09/22/2023 Salary Lakewood Ranch, FL 34202 Relationship to debtor Former owner and employee

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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

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| Debtor   | Case 23-12934  ABAT Builders, Inc.                                                           |                         | Filed 09/28/23<br>Document | Page 46 of 60        | 28/23 14:55:08<br>0<br>e number (if known) | Desc Main                          |
|----------|----------------------------------------------------------------------------------------------|-------------------------|----------------------------|----------------------|--------------------------------------------|------------------------------------|
|          | ABAT Buildoro, illo.                                                                         |                         |                            |                      |                                            |                                    |
|          | No<br>Yes. Identify below.                                                                   |                         |                            |                      |                                            |                                    |
| Name     | of the parent corporation                                                                    |                         |                            |                      | Employer Identification                    | on number of the parent            |
| 32. With | in 6 years before filing this o                                                              | case, has the de        | ebtor as an employe        | r been responsible   | for contributing to a pe                   | ension fund?                       |
|          | No<br>Yes. Identify below.                                                                   |                         |                            |                      |                                            |                                    |
| Name     | e of the pension fund                                                                        |                         |                            |                      | Employer Identification                    | on number of the pension           |
| Part 14: | Signature and Declaration                                                                    | n                       |                            |                      |                                            |                                    |
| con      | RNING Bankruptcy fraud is<br>nection with a bankruptcy case<br>J.S.C. §§ 152, 1341, 1519, an | e can result in fir     |                            |                      |                                            | ey or property by fraud in         |
|          | ve examined the information in correct.                                                      | n this <i>Statement</i> | of Financial Affairs a     | nd any attachments   | and have a reasonable b                    | elief that the information is true |
| I de     | clare under penalty of perjury                                                               | that the foregoin       | g is true and correct.     |                      |                                            |                                    |
| Execute  | d on September 24, 20                                                                        | 23                      |                            |                      |                                            |                                    |
|          | hony Czupryna                                                                                |                         | Anthony Cz                 | upryna               |                                            |                                    |
| Signatui | e of individual signing on beh                                                               | alf of the debtor       | Printed name               |                      |                                            |                                    |
| Position | or relationship to debtor PI                                                                 | resident                |                            |                      |                                            |                                    |
| Are addi | tional pages to Statement o                                                                  | f Financial Affa        | irs for Non-Individu       | als Filing for Bankr | uptcy (Official Form 207                   | 7) attached?                       |
| ■ No     |                                                                                              |                         |                            |                      |                                            |                                    |
| Yes      |                                                                                              |                         |                            |                      |                                            |                                    |

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B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re     | ABAT Builders, Inc.                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             | Case N                                   | 0.                        |                 |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------|-----------------|
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                   | Debtor(s)                                                                                                   | Chapte                                   | r <u>7</u>                |                 |
|           | DISCLOSURE OF COMPENSA                                                                                                                                                                                                                                                                                                                                                                                                            | ATION OF ATTO                                                                                               | RNEY FOR                                 | DEBTOR(S)                 |                 |
|           | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of or in                                                                                                                                                                                                                                       | the petition in bankruptcy                                                                                  | , or agreed to be p                      | aid to me, for services i |                 |
|           | For legal services, I have agreed to accept                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                             | \$                                       | HOURLY                    |                 |
|           | Prior to the filing of this statement I have received                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                             |                                          | 10,000                    |                 |
|           | Balance Due                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                             | <b>#</b>                                 | HOURLY                    |                 |
| 2.        | The source of the compensation paid to me was:                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             |                                          |                           |                 |
|           | ✓ Debtor                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             |                                          |                           |                 |
| 3.        | The source of compensation to be paid to me is:                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                          |                           |                 |
|           | ✓ Debtor                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             |                                          |                           |                 |
| 4.        | ✓ I have not agreed to share the above-disclosed compensat                                                                                                                                                                                                                                                                                                                                                                        | ion with any other persor                                                                                   | unless they are m                        | embers and associates     | of my law firm. |
|           | I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names of                                                                                                                                                                                                                                                                                                               | with a person or persons                                                                                    | who are not memb                         | ers or associates of my   | -               |
| 5.        | In return for the above-disclosed fee, I have agreed to render                                                                                                                                                                                                                                                                                                                                                                    | legal service for all aspec                                                                                 | ts of the bankrupto                      | y case, including:        |                 |
|           | <ul> <li>a. Analysis of the debtor's financial situation, and rendering a</li> <li>b. Preparation and filing of any petition, schedules, statement</li> <li>c. Representation of the debtor at the meeting of creditors and</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reduce reaffirmation agreements and applications at 522(f)(2)(A) for avoidance of liens on househ</li> </ul> | t of affairs and plan which<br>d confirmation hearing, a<br>ce to market value; ex<br>s needed; preparation | h may be required;<br>nd any adjourned i | nearings thereof;         | filing of       |
| <b>5.</b> | By agreement with the debtor(s), the above-disclosed fee does<br>Representation of the debtors in any dischar<br>any other adversary proceeding.                                                                                                                                                                                                                                                                                  |                                                                                                             |                                          | nces, relief from sta     | y actions or    |
|           | CF                                                                                                                                                                                                                                                                                                                                                                                                                                | ERTIFICATION                                                                                                |                                          |                           |                 |
|           | I certify that the foregoing is a complete statement of any agre-<br>pankruptcy proceeding.                                                                                                                                                                                                                                                                                                                                       | eement or arrangement fo                                                                                    | r payment to me fo                       | or representation of the  | debtor(s) in    |
| T         | Date                                                                                                                                                                                                                                                                                                                                                                                                                              | David Freydin Signature of Attorn                                                                           | ev                                       |                           |                 |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                   | Law Offices of D<br>8707 Skokie Blvo                                                                        | avid Freydin                             |                           |                 |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                   | Suite 305<br>Skokie, IL 60077                                                                               |                                          |                           |                 |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                   | 888-536-6607 Fa                                                                                             |                                          | 5                         |                 |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                   | david.freydin@fi                                                                                            | reydinlaw.com                            |                           |                 |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                   | vame or law iirm                                                                                            |                                          |                           |                 |

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### United States Bankruptcy Court Northern District of Illinois

|      |                                            | Not then District of Hillions             |                   |                           |
|------|--------------------------------------------|-------------------------------------------|-------------------|---------------------------|
| n re | ABAT Builders, Inc.                        |                                           | Case No.          |                           |
|      |                                            | Debtor(s)                                 | Chapter           | 7                         |
|      | VE                                         | CRIFICATION OF CREDITOR N                 | MATRIX            |                           |
|      |                                            | Number o                                  | f Creditors: _    | 111                       |
|      | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of cred     | itors is true and | correct to the best of my |
|      |                                            |                                           |                   |                           |
| ate: | September 24, 2023                         | /s/ Anthony Czupryna                      |                   |                           |
|      |                                            | Anthony Czupryna/Presiden<br>Signer/Title | τ                 |                           |

4 Star Cleaning Service Corp 25 Emerson Drive Schaumburg, IL 60194

ABBA Roofing & Construction Issaqua-Pine Lake Rd. SE Sammamish, WA 98075

ABE's Electric 1004 Royal St. Kissimmee, FL 34744

AC Fire Protection LLC 4700 Springfield Ct. Brandywine, MD 20613

Acoustic Pro Interior Construction 25921 Eufaula Way Sorrento, FL 32776

AFA Protective Systems, Inc. PO Box 21030 New York, NY 10087-1030

Air Systems Engineering 3602 South Pine Street Tacoma, WA 98409

All Tile 855 N Wood Dale Rd., Ste A Wood Dale, IL 60191

Ally Financial Attn: Bankruptcy Dept Po Box 380901 Bloomington, MN 55438

Amex Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998

Andrew Jaskolski 900 N Kingsbury Unit Chicago, IL 60610 Andrzej Juzwiak 314 Emmerson Itasca, IL 60143

Aneta Kowalczyk 802 N River Rd Apt. 18 Mount Prospect, IL 60056

Anthony Czupryna 5212 Brown St. Skokie, IL 60077

Anthony Czupryna 5212 Brown St. Skokie, IL 60077

Antoni Czupryna 8329 Sailing Loop Lakewood Ranch, FL 34202

Arek Szawlowski 1018 Castilian Court Apt. 310 Glenview, IL 60025

Betta Builders Corp 500 W Kathleen Drive Des Plaines, IL 60016

Big City Asphalt 3321 Princeton Avenue Collinsville, IL 62234

Bill's Electric 1716 E. Falcon Street Webb City, MO 64870

BKB Pumbing 3404 Colony Drive Jonesboro, AR 72404

BP Environmental Services Inc. 100 Highpoint Dr Chalfont, PA 18914 Budget Dumpster, Inc. 830 Canterbury Rd Westlake, OH 44145

BW Millwork 6555 Skinners Turn Road Owings, MD 20736

C&D Plumbing 135 Industrial Park Dr Ste A Hollister, MO 65672

Casella Waste Management, Inc. PO Box 1372 Williston, VT 05495

Ceramic Technics Ltd. 1298 Old Alpharetta Road Alpharetta, GA 30005

Citi Cards PO BOX 9001016 Louisville, KY 40290-1016

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Clark Capital LLC 58 Revere Cir Ponte Vedra, FL 32081

Concord WP COL Greensboro 11410 Common Oaks Drive Raleigh, NC 27614

CR Laurence Co, Inc. 2503 E Vernan Ave Los Angeles, CA 90058

Craftsman Upholstery LLC 9108 Industry Dr. Suite B Manassas, VA 20111

Crawford Sprinkler Co. of Raleigh 2725 S. Saunders Street Raleigh, NC 27603

CSS Contractors, Inc. 5605-C General Washington Dr Alexandria, VA 22312

DALTILE 1601 Pratt Blvd. Elk Grove Village, IL 60007

Daluca Equity Construction 800 W Central Rd suite 140 Mount Prospect, IL 60056

Daniel Tile and Remodeling LLC c/o Humberto Daniel 3515 Austin Trail Lane Plant City, FL 33565

Deanne Kuzmic 4835 Cordell Ave. Bethesda, MD 20814

Digitline, Inc. 550 CREST AVE Elk Grove Village, IL 60007

DKJ Construction, Inc. 7340 N Nora Ave. Niles, IL 60714

Dolki Painting and Remodeling 6005 W. Belmont Ave Chicago, IL 60634

Domozik Electrical Services 1013 Leslie Dr Fayetteville, NC 28314

Door Engineering Corp 1234 Ballentine Blvd Norfolk, VA 23504 Dorota Maslo 922 E Old Willow Road Prospect Heights, IL 60070

DTK Stone Works, Inc. 296 W Palatine Road Wheeling, IL 60090

Ease Plumbing 19109 W Catawba Ave Suite 110 Cornelius, NC 28031

Edge Electrical Systems LLC 1534 Brandy Parkway Streamwood, IL 60107

Fabricut, Inc. PO BOX 470490 Tulsa, OK 74147-0490

Ferguson Enterprises, Inc. FEI 9005 PO BOX 100286 Atlanta, GA 30384-0286

Fifth Third Bank Attn: Bankruptcy 35 Fountain Square Plaza Cincinnati, OH 45263

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Ford Credit PO BOX 650575 Dallas, TX 75265-0575 Foundation Building Materials 2301 Windsor Ct Unit B Addison, IL 60101

Garcia's Painting 913 Virginia Beach Blvd Lot 126 Virginia Beach, VA 23451

GP Company Glass 1183 Betty Drive Lake Zurich, IL 60047

Grainger DEPT. 825156813 Palatine, IL 60038-0001

Harrell & Son Plumbing PO BOX 8213 Bonney Lake, WA 98390

Hays Electrical Services Inc. 5939 Albert Dr Humble, TX 77396

HD Supply Facilities Maintenance PO BOX 509058 San Diego, CA 92150-9058

Highlands Framing 4140 NE 11th St Renton, WA 98059

Home Depot Credit Services PO BOX 9001030 Louisville, KY 40290-1030

J&B Construction, Inc. PO Box 373 Forsyth, MO 65653

Jacie Dick 2315 W Wabansia Unit 1E Chicago, IL 60647 Jack Thomas Inc. 38665 N Anderle Ave Lake Villa, IL 60046

James Panchishin 5434 Bryce Canyon Drive Kissimmee, FL 34758

Jeff City Filing 222 EAST DUNKLIN, SUITE 102 Jefferson City, MO 65101

Kansai, Inc. 3200 Marshall Drive Amelia, OH 45102

Kevimeria Contractor LLC 3839 SW 339th St Federal Way, WA 98023

KLM Mechanical Service 11216 DECIMAL DR Louisville, KY 40299

Koroseal Interior Products LLC 3875 Embassy Parkway Suite 110 Fairlawn, OH 44333

Kyle Custom Flooring
324 Beachley St #2
Meyersdale, PA 15552

Lukat LLC 10700 W Higgins, Suite 350 Des Plaines, IL 60018

Lukat LLC 10700 W Higgins, Suite 350 Des Plaines, IL 60018

M S International Inc. 1441 JARVIS AVE. Elk Grove Village, IL 60007 Magnum 18 515 N. Harlem Unit 102 Oak Park, IL 60302

Michael Caliendo 8953 Gloucester Road Woodridge, IL 60517

Michael Caliendo 8953 Gloucester Road Woodridge, IL 60517

Michael McBride 4815 S Fire Lane Rd. Pekin, IN 47165

Mobile Mini, Inc. PO Box 650882 Dallas, TX 75265-0882

Mohawk Industries P.O. Box 12069 Calhoun, GA 30703-7002

Nationwide Hospitality Plumbing LLC 4730 S Hwy A1A Melbourne Beach, FL 32951

Nicholas Pigott 610 Sheridan Road Apt. 3B Highwood, IL 60040

Northwest Liquidators 513 S. 2nd St. Yakima, WA 98902

Pure Logistics Sales 337 Gateford Dr Ballwin, MO 63021

Randy Jackson Interior Painting 2182 Joel Johnson Rd. Lillington, NC 27546

Range Electric PO BOX 1506 Enumclaw, WA 98022

RBM Plumbing Systems West Coast Inc 100 Newspaper Way, Suite 105 Holly Springs, NC 27540

REM Consultants LLC 4409 North Opal Ave Norridge, IL 60706

Rockford Ornamental Iron Inc. 1817 Michigan Ave Rockford, IL 61102

Scott Walker 3666 Eastside Hwy Stevensville, MT 59870

Shaw Industries, Inc. P.O. BOX 203702 Dallas, TX 75320-3702

State Systems Inc. 1861 Vanderhorn Dr. TN 38143

Steve Neely & Sons Wallcovering 9219 Dawn Drive Georgetown, IN 47122-8917

Sunbelt Rentals P.O. BOX 409211 Atlanta, GA 30384

Td Auto Finance Attn: Bankruptcy Po Box 9223 Farmington Hills, MI 48333

Teresa Szafranski 1724 W Robbie Lane Palatine, IL 60067 TGM Enterprises LLC 1356 Marcia Road Memphis, TN 38117

The Sherwin Williams co. 4201 N Milwaukee Chicago, IL 60641

Thomas Freese 257 Kretchman Farm Rd. Meyersdale, PA 15552

Thomas Payne Fifth Third Bank 222 S Riverside Plaza Chicago, IL 60606

United Fire Protection 3247 Tech Drive Saint Petersburg, FL 33716

United Rentals (North America) PO BOX 840514 Dallas, TX 75284-0151

Universal Electrical Services, Inc. 2490 Fairfax Lane Lake in the Hills, IL 60156

US Storefront Glass and Mirrors Inc 611 W Vine St, Suite M Kissimmee, FL 34741

Vancouver Paint Group, Inc. 720 SE 160th Ave Suite Vancouver, WA 98684

Vidor Szekely 421 N Main St. Mount Prospect, IL 60056

VMV Contracting, Inc. 6722 Clarendon Hills Rd Darien, IL 60561

Western Express Forwarding 9900 FALLARD CT Upper Marlboro, MD 20772

Wiedenbach Brown Co. 1025 Westchester Ave Suite LL01 West Harrison, NY 10604

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## United States Bankruptcy Court Northern District of Illinois

| In re                                       | ABAT Builders, Inc.                                                                                                                                       |                                                         | Cas                                        | se No.              |                                                      |  |  |  |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------|---------------------|------------------------------------------------------|--|--|--|
|                                             |                                                                                                                                                           | Debtor(s)                                               | Cha                                        | apter               | 7                                                    |  |  |  |
|                                             |                                                                                                                                                           |                                                         |                                            |                     |                                                      |  |  |  |
|                                             |                                                                                                                                                           |                                                         |                                            |                     |                                                      |  |  |  |
| CORPORATE OWNERSHIP STATEMENT (RULE 7007.1) |                                                                                                                                                           |                                                         |                                            |                     |                                                      |  |  |  |
| recusa<br>(are) c                           | ant to Federal Rule of Bankruptcy Proll, the undersigned counsel for ABAT corporation(s), other than the debtor of the corporation's(s') equity interests | T Builders, Inc. in the about a governmental unit, that | ve captioned actio<br>directly or indirect | n, certi<br>ctly ow | fies that the following is a n(s) 10% or more of any |  |  |  |
| ■ Nor                                       | ne [Check if applicable]                                                                                                                                  |                                                         |                                            |                     |                                                      |  |  |  |
| Septe                                       | mber 24, 2023                                                                                                                                             | /s/ David Freydin                                       |                                            |                     |                                                      |  |  |  |
| Date                                        |                                                                                                                                                           | David Freydin                                           |                                            |                     |                                                      |  |  |  |
|                                             |                                                                                                                                                           | Signature of Attorney                                   |                                            |                     |                                                      |  |  |  |
|                                             |                                                                                                                                                           | Counsel for ABAT B Law Offices of David F               |                                            |                     |                                                      |  |  |  |
|                                             |                                                                                                                                                           | 8707 Skokie Blvd                                        | reyum                                      |                     |                                                      |  |  |  |
|                                             |                                                                                                                                                           | Suite 305                                               |                                            |                     |                                                      |  |  |  |
|                                             |                                                                                                                                                           | Skokie, IL 60077<br>888-536-6607 Fax:866-               | 575-3765                                   |                     |                                                      |  |  |  |
|                                             |                                                                                                                                                           | david.freydin@freydinl                                  | aw.com                                     |                     |                                                      |  |  |  |